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COUNTY BOROUGH OF CORK

REPORT OF THE
MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1954



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J. C. SAUNDERS, M.D., D.P.H.,
Medical Officer of Health.

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PUBLIC HEALTH STAFF

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J. C. Saunders, M.D., D.P.H.

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P. F. Fitzpatrick, M.B., B.Ch., D.P.H. (Deputy M.O.)

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J. P. Corridan, M.B., B.Ch., D.P.H.

Chief Dental Surgeon:

E. G. McSweeney, B.D.S.

Assistant Dental Surgeons:

R. F. Twomey, B.D.S.

S. Morrogh, B.D.S.

Public Analyst:

D. J. O'Sullivan, M.Sc., F.I.C.

Chief Veterinary Officer:

S. R. J. Cussen, D.V.S.M., M.R.C.V.S.

Assistant Veterinary Officer:

P. A. Meegan, M.R.C.V.S.

Chief Health Inspector:

T. F. Murray, M.R. San. I.

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D. J. Murphy

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Miss A. Sammon³

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Mrs. M. Shanahan⁴

Port Sanitary Clerk and Inspector:

J. P. Kieran

(1) Maternity and Child Welfare. (2) Tuberculosis. (3) School Medical Service.
(4) Dental Service.

* Rodent Control Officer.

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SUMMARY OF STATISTICS

Area (in Acres)	2,511
Population (Census of 1951)	74,567
Density of Population (persons to the acre)	30.1
Rateable Value	£258,162
Sum represented by a Penny Rate	£1,075
Rate Allocation for Health Services (Poundage)	£0 8 0
Realised Amount for Health Services	£108,123
Number of Births (Total)	1,467
Live Births	1,424
BIRTH RATE	18.5
Premature Birth Rate (per 1,000 Births)	80.3
Number of Deaths	869
DEATH RATE (crude)	11.7
Standardised Death Rate (1953)	13.98
Maternal Deaths	3
MATERNAL MORTALITY RATE	2.2
Infant Deaths	34
INFANT MORTALITY RATE (per 1,000 Births)	23
Deaths from Infectious Disease	3
ZYMOTIC DEATH RATE	0.06
Deaths from Tuberculosis	32
TUBERCULOSIS DEATH RATE (per 1,000)	0.42

*To the Lord Mayor, Aldermen and Councillors,
of the County Borough of Cork:*

MY LORD MAYOR, ALDERMEN AND COUNCILLORS,

In submitting the Annual Report on the state of the Public Health in the City during the year 1954 it is my pleasure to draw your attention to the fact that several previous records have gone by the board, these relate in particular to infant mortality, tuberculosis mortality and to the general death rate which were all lower than ever previously recorded. The death rate for infectious disease was also a new low record at 0.06 per 1,000 of the population (the previous lowest rate having been 0.1, recorded on three previous occasions within recent years).

With regard to *infant mortality* we are in a particularly happy position. In the Preliminary Report, which I presented in January 1954, I remarked that the figure based on our local collection of statistics (24.6 per 1,000 births) was the lowest ever achieved (the previous lowest was 30 per 1,000 in 1953) but I drew attention to the fact that this might require emendation when the Annual Summary of the Registrar General came to hand. In actual fact the Registrar General's figure is lower still so that our Infant Mortality Rate for 1954 now stands at the figure of 23 per 1,000, a rate never achieved in this country before. The current rate for the country as a whole is 38 per 1,000. As an indication of our present position in the scale of infant mortality I might remark that the rate in England and Wales in 1953 was 26.8 per 1,000. So far as any further reduction is concerned the initiative must now pass from the municipal authority to those responsible for the administration of local maternity hospitals, since no less than 80 per cent. of the infant deaths in 1954 were those classified under the heading of neo-natal mortality; that is deaths occurring within the first four weeks of life. As I have remarked in the body of this report any further reduction must be based on more extended ante-natal clinic services attached to the maternity hospitals and more beds in the hospitals themselves. There is a social as well as an administrative problem in this since a very large proportion of mothers still do not seek medical advice until a late stage of pregnancy.

The reduction in the *tuberculosis death rate* from 0.53 to 0.42 per 1,000 was also an achievement of some importance since it was accompanied by a reduction in the number of new cases attending the chest clinic. This is the second successive year in which this latter figure has shewn a fall and though it is still too early to generalise it is, at any rate, a matter of satisfaction to be able to record the fact. Although the *general death rate* has been more or less stationary for the past three years, that for the current year is the lowest in our records and was lower than the rate for the country as a whole, a circumstance which only occurred once before.

Once again I have to thank those who contributed to this report—Dr. P. F. Fitzpatrick, Dr. M. Curtin and Dr. J. Corridan for the records in tuberculosis, child health and school medical sections respectively, and Mr. E. G. McSweeney, B.D.S., for the School Dental Section,

Professor W. J. O'Donovan, Professor H. N. Walsh, Mr. D. J. O'Sullivan (City Analyst), Mr. S. R. J. Cussen (Chief Veterinary Officer. Miss F. Corcoran, for her help in the section on Vital Statistics and Miss M. O'Sullivan for assembling the figures in the School Medical Section. Mrs. Dorothy West of Ballinacurra deserves our thanks, also, for the interesting and invaluable weather records which she kindly sends us from the weather recording station at Ballinacurra.

I also desire to express my appreciation of the services rendered by Mr. H. J. Conboye, Staff Officer of the Department and Mr. T. F. Murray, Chief Health Inspector, as well as all the members of the staffs working under them from whom loyal and efficient service has always been forthcoming. I also wish to place on record my high opinion of the work of Mr. J. P. Kieran, Port Health Inspector, which has been quite outstanding.

I have the honour to remain,

Your obedient servant,

J. C. SAUNDERS.

"The welfare state has emerged by an evolutionary process in the sphere of social affairs but without sufficient education (or propaganda) to take the people along with all its implications. The general attitude is unfortunately that of *taking* out of the national pool and putting nothing back. There are obviously circumstances where only the resources of the State can provide complicated treatment or care over a long period for gross abnormality of physical or mental health. Even here, as suggested earlier, more could be done to help parents to accept responsibility for home care, encouraging them to overcome their trouble by living with it instead of passing it on to someone and somewhere else. Put this way and remembering that 'it' is a child in trouble the rôle of the State should be more clearly that of a friendly adviser rather than providing a plain van to take difficulties away."—ALAN MONCRIEFF. *Child Health and the State*. London, 1953; p. 45.

“Many of the moral characteristics which you see in the youth or the man owe their origin to the manner and circumstances of his first upbringing in infancy ; purely organic habits contracted at that time may later prove a serious obstacle to the spiritual life of the soul. And so you will make it your special care in the treatment of your child to observe the prescriptions of a perfect hygiene, so that when it comes to the use of reason its bodily organs and faculties will be healthy and robust and free from distorted tendencies. *This is the reason why, except where it is quite impossible, it is most desirable that the mother should feed her child at her own breast.*”

(POPE PIUS XII in an Allocution to Mothers on 26th Oct., 1941).

FOREWORD

VITAL STATISTICS

The *population*, as determined by the census of 1951, amounts to 74,567 (comprising, approximately, 34,700 males and 39,800 females). The figure represents a net reduction of 1,022 persons as compared with the previous census. As pointed out in the last year's report the reduction is more than accounted for by the movement outwards into the suburban areas of large numbers of people previously resident in the city. The combined city and suburban population is now estimated to be 112,000. Cork is still a markedly congested city, as may be seen by comparing it with the three other County Boroughs, containing more persons to the acre than any of them despite the appreciable dilution of density which has been going on over the past twenty years or more. This continued congestion calls for an increased effort in speeding up the building of houses for the working classes, since it signifies that large numbers are still living in surroundings detrimental to health.

The *birth rate* at 18.5 per 1,000 was the lowest so far recorded and was substantially below that of the previous year (19.3 per 1,000). The continued fall in this rate as revealed by our statistical tables is a matter of some concern. Reference to the appropriate section of this report shews that the maximum rate (27.2) was recorded in the decade 1891-1900 after which there was a steady fall until the period 1921-30 (when the average rate was 23.5) when it tended to remain steady until 1950-52. After 1952 the rate dropped rather sharply to 19.3 in 1953 followed by a further drop to 18.5 in 1954 (the year to which this report relates). The position in regard to the birth rate (and to vital statistics generally) has been very much confused by the steady outward migration of city dwellers into the surrounding rural areas, particularly of persons of the working classes into Corporation houses. The extension of the Borough Boundary in April 1955 will do nothing to clear-up this confusion and failing an interim ad hoc census one can only await the result of the next national census to clear up the obscurity. More important than the *birth rate* is the *fertility rate* (as pointed out in previous reports) which is based on the number of births per 1,000 married women between 14 and 45 years of age. The crude birth-rate is based on the number of births per 1,000 of population. Rates for the four urban areas are shewn in Table 4 from which it is to be noted that our position in relation to the other urban areas is not satisfactory. It is not wise to generalise on the figures for a single year, or indeed for a number of years unless the period covered is a prolonged one and it may well be that a new census of population would alter the picture. Nevertheless, examining the position represented by figures covering a period of nearly 85 years, it can be said that the trend is distinctly downward, though still well above the level of corresponding areas in many other countries. Among the things which have come to light in connection with our collection of vital statistics is the steady decline in the number of children born in their parents' homes. In 1944 this was 59.3 per cent. of the total whereas in 1954 the proportion was only 34.0 per cent. This is of interest and of some importance indicating as it does the steady increase of pressure on the available bed accommodation in local maternity hospitals which has not kept pace with the demands made upon it.

The *death rate* at 11.7 per 1,000 was the lowest so far recorded, the previous lowest being 11.8 in 1952 (in 1953 the rate was 11.9). The figure may, therefore, be regarded as having been stationary for the past three years. Reference to Table 3 will shew that the rate has more than halved when compared with that of the decade 1881-90, the earliest period of our recorded statistics. As usual heart disease takes first place as the cause of death. It is obvious, however, that the great majority of such deaths represent degenerative processes of age and not infective diseases of the heart since the bulk of them fall in the groups representing advanced ages. The total number of deaths so recorded was 327 (compared with 340 in the previous year). Cancer is second on the list with 129 deaths (126 in the previous year). Arterio-sclerosis occupied fourth place and tuberculosis fifth. At one time tuberculosis was the principal cause of death and there was a period when it represented no less than 25 per cent. of all deaths, that figure has now dwindled to 3.7 per cent. It is still, however, the chief cause of death in the ages between 15 and 40 years—the most productive period of life—and, therefore, calls for unremitting effort in its reduction. The total of deaths from tuberculosis (pulmonary and non-pulmonary) was 32 (compared with 43 in 1953) a quite substantial reduction. This reduction, however, was entirely the result of a reduced number of *non-pulmonary* deaths (from 14 to 3). The number of pulmonary deaths in 1954 was exactly the same as that in 1953—namely, 29, which does make such satisfactory reading. The 14 deaths from non-pulmonary tuberculosis in 1953 was altogether exceptional and it was only to be expected that there would be an appreciable reduction in 1954. The net result, however, has been a substantial reduction in the total tuberculosis mortality rate.

With regard to *infectious disease*, even a cursory glance at these reports will reveal that there is a considerable fluctuation in the notifications recorded annually. 622 such cases were recorded during 1954 (compared with 467 in 1953). The increase is accounted for almost entirely by increased cases of whooping cough (from 31 to 209) and of measles (from 56 to 237). It is rather remarkable that, notwithstanding the increased number of cases, there was not a single death recorded from whooping cough (usually one of the most fatal diseases of childhood). Similarly, in the case of measles no death was recorded.

There was a considerable reduction in the number of cases of scarlet fever which fell from 247 to 52. The disease continues to be entirely mild in character and there was no death. Six cases of cerebro-spinal meningitis (with one death) were recorded. Two cases of typhoid fever were reported during the year, the first for a period of nine years. The victims were both young boys and it is believed that they incurred infection while fishing at low tide in the neighbourhood of a main sewer outfall. A close watch was kept over contacts but no further cases occurred and both patients eventually recovered. An attempt was made (by the Moore sewage swab method) to recover the organism but without success. Since the occurrence of these cases we have been taking periodical samples by this method from the sewers in various parts of the City to trace (if possible) the excretion of typhoid bacilli. To date 26 samples have been examined and, so far, the results have been entirely negative.

Three cases of diphtheria were notified during the year (as compared with one in the previous year). There was no death from the disease. The practical abolition of diphtheria has been one of the most spectacular

successes of preventive medicine and only those who are old enough to remember the nightmare years from 1919 to 1931 in Cork can appreciate fully the significance of this achievement. During this period over 450 children died from the disease which hung, as it were, like the sword of Damocles over the heads of the community. That threat has now become but a memory and one is often led to cogitate upon the very curious fact that, during that very period, no less than 2,669 persons—mostly young men and women—died from tuberculosis without attracting any particular comment. Diphtheria is no longer a problem but tuberculosis is a very acute one, particularly from the economic standpoint. There is always the danger, of course, that diphtheria may become epidemic again and indeed, from time to time, we have sharp reminders that the disease has not by any means been abolished. These reminders come in the shape of reports of cases and deaths occurring at irregular intervals and in widely separated places. One of the characteristic features of epidemic diphtheria is a rise in the carrier rate and, with this fact in view, we have been taking random samples of throat swabs with a view to detecting carriers. During the past year 121 such swabs were submitted for examination with negative results. Although, so far as we know, there is no scientific proof for it, we believe that an impending epidemic may be detected by this means and appropriate action taken and so we propose to continue taking such swabs.

Gastro enteritis. The number of deaths recorded from this condition was two. In the past this was the most serious of all infant maladies in this area. The improvement which has been effected may be seen from the following table:—

<i>Period</i>			<i>Deaths</i>
1881–1890	....	....	47
1891–1900	....	....	51
1900–1910	....	....	52
1911–1920	....	....	50
1921–1930	....	....	25
1931–1940	....	....	43
1941–1950	....	....	38
1951	....	....	6
1952	....	....	5
1953	....	....	1
1954	....	....	2

The figures from 1881 to 1950 are represented as ten-year averages. The table is a digest of a more complete one in the body of this report but it represents in a striking way the effect above referred to. The number of notified cases was 64 (compared with 82 in the previous year). This is a disease which fluctuates from year to year and may be much influenced by weather conditions. A prolonged hot, dry spell tends to bring about a marked increase in the number of cases and, on the other hand, cold wet weather keeps the number down. The summer of 1954 certainly did not favour the spread of the disease and we may flatter ourselves if we are over happy in the reduction effected. There has, in fact, been no reduction so far in the *incidence* of the disease comparable with the reduction in mortality. The latter has been brought about almost entirely, in my opinion, by the operation of the paediatric unit in St. Finbarr's Hospital which has now proved its worth over a number of years. This decreased mortality was first noticed in 1951 when I had occasion to go into the causes of the

very marked reduction in *infant mortality* generally and there was no doubt that the effective cause was the improved facilities for treatment which became available as the result of setting up this unit. The matter is referred to in the report of that year.

INFANT MORTALITY

In the preliminary report for 1953 I remarked that the reduction under this heading had been "little short of spectacular"—a phrase quite justified by the figure, which had fallen from 47 in the previous year to 27, a level never achieved in this country before. Subsequently the final report of the Registrar General raised this figure to 30, which still constituted a low record. In the preliminary report for the current year (issued in January 1955) I reasoned that in view of this emendation it might be premature to comment on the figure for 1954 which, computed from our record of infant deaths, in conjunction with the *notifications* of birth, worked out at exactly 24.6 per 1,000. The Annual Summary of the Registrar General has, in fact, reduced this figure to 23 which is an achievement of which we may justifiably be proud since it represents a new low record. The infant mortality rate for the country as a whole for this period was 38 ; that for Dublin 35 ; for Limerick 52 and for Waterford 42*. The infant mortality rate in England and Wales in 1953 was 26.8 per 1,000, those for New Zealand and Sweden were 20 and 19 respectively.

It is of interest to take a backward glance at the trend of infant mortality in this city (decennial averages from 1881 to 1950).

PERIOD	<i>No. of Infant Deaths</i>	<i>Infant Mortality Rate</i>
1881-1890	255	120
1891-1900	278	134
1901-1910	254	125
1911-1920	209	114
1921-1930	157	85
1931-1940	152	83
1941-1950	142	80
1951	62	38
1952	74	47
1953	43	30
1954	34	23

It is obvious from this table that a very great improvement has been achieved over the years but the improvement in the figures for the last two years of the table is really noteworthy and, if maintained, justifies a claim that our record in this respect is equal to any community anywhere. It has been, I believed, the result of hard work and willing co-operation between the staffs of the Paediatric Unit of St. Finbarr's Hospital and of the Municipal Child Health Clinic, for which both deserve a high meed of praise. So far as public service can reduce infant mortality it is clear that we are now approaching the peak of achievement. There remains the hard core of neo-natal mortality comprising the conditions which come

* Figures taken from the Annual Summary of the Registrar General.

under the headings of prematurity, congenital debility and congenital malformations, which accounted for no less than 79 per cent. of our infant mortality figures this year. Neo-natal mortality has hitherto resisted attempts at reduction and will only be improved by better ante-natal and obstetric services, which must be based on better and more extensive out-patients clinics attached to the maternity hospitals and more beds in the hospitals themselves as well as a willingness among general practitioners to avail of these services when provided.

TUBERCULOSIS

The tuberculosis death-rate at 0.42 per 1,000 shews a substantial reduction on the figure for the previous year (0.53), all the more satisfactory since the latter was the smallest hitherto recorded. It will be noted from the table below that the reduction was effected under the head of non-pulmonary deaths, which were reduced from 14 (in 1953) to 3 in the current year. In 1953 there was an altogether unexpected increase in the number of non-pulmonary deaths (from 7 to 14) and this had the effect of slowing up the steady decline in tuberculosis mortality noted in recent years. As anticipated this sudden increase had the effect of producing a corresponding reduction in the year following, which is reflected in the figure above referred to—the lowest ever recorded in this area. The figures over the previous ten years are as follows:—

YEAR	<i>Pulmonary Deaths</i>	<i>Non-Pulmonary Deaths</i>	<i>Total</i>	<i>Rate</i>
1945	86	29	115	1.52
1946	79	22	101	1.34
1947	126	21	147	1.95
1948	81	16	97	1.15
1949	69	14	83	1.10
1950	66	11	77	1.00
1951	41	9	50	0.66
1952	34	7	41	0.55
1953	29	14	43	0.53
1954	29	3	32	0.42

While these figures are in themselves heartening, to become complacent about them would be the worst possible service we could render to the community. We still lag a long way behind those countries who entered the fight against tuberculosis before we did and there is much leeway to be made up. I have previously adverted to the fact that modern methods of treatment tended to save lives but did nothing to prevent the spread of the disease. There was, in fact, evidence which tended to shew that cases might be increasing in number. Notification of tuberculosis is notoriously unreliable and all one can go on is the number of new cases which are referred year by year, to the chest clinics. These in themselves are not an accurate reflex of the actual number of cases in the community but they may, at least, represent trends. The figures for our clinic over the past seven years were as follows:—

1948	1949	1950	1951	1952	1953	1954
182	218	230	244	298	234	213

There is little doubt that the increase after 1948 was related to the Maintenance Allowance benefits which came into effect in that year. As these benefits became more widely known there would naturally be an increase in the number of cases coming within the ambit of the chest clinic. This reached its peak in 1952 and the reduction since then may be regarded as encouraging. Our main objective now should be to reduce the number of *cases* and in order to do so it will be necessary to press forward with our schemes of tuberculin testing and BCG immunisation. Much prominence has been given of late in the medical press to the risk incurred by Irish emigrants moving into crowded urban centres in Great Britain. An exactly similar risk is incurred by young men and women moving from country districts into urban centres in this country like Cork, Dublin, Limerick and so on. All authorities are now agreed that tuberculin testing with BCG vaccination is the only answer to this problem. To these we must join mass miniature radiography. These three procedures, if fully availed of by the community, should suffice to reduce tuberculosis to negligible proportions within a span of 20 years. It is of interest to note, in this connection, that in England and Wales in 1953 one out of every five new cases was detected by mass radiography while only one out of every twelve was discovered by examination of contacts.

It will be noted in Table 23 in the body of this report that the deaths from tuberculosis per annum now number almost exactly one-tenth of the figure for the year 1891 (which is the earliest available date so far as this City is concerned), that is over a period of 64 years ; while from 1906 (which is the earliest year from which both pulmonary and non-pulmonary deaths are recorded) the reduction has been eightfold. It would not be profitable now to discuss all the various factors which have influenced this result nevertheless, from a historical point of view, the tables are of considerable interest. Indeed, I think it may be said too that some of the other tables in this section are not without their appeal, at least to the statistically minded. It would, of course, be a great mistake in studying such figures to forget that they represent persons and that they are not mere ciphers. To allow this to happen would mean that they had lost most of their value so far as profiting from their story is concerned. I have adverted above to the uneasiness (if not actual panic) which existed here during the height of the diphtheria epidemic during which, in a period of 13 years, some 450 children died from the disease. This was, undoubtedly, a very severe visitation and was a source of grave disquiet to the community. Fortunately the means of combating it came to hand in the form of diphtheria immunisation which was so eagerly availed of by the community that the disease was eventually almost completely eradicated. During this same span of years no less than 2,669 persons died from tuberculosis. Whether it was the fact that tuberculosis had been, as it were, always with us or perhaps some other circumstance, at any rate these deaths, relatively speaking, did not attract any attention. We have the means now of effecting something similar in the field of tuberculosis to what has been achieved in the case of diphtheria if the public will only use it.

In Table 27 in this report we have figures relating to deaths from tuberculosis over a period of 29 years which amount to a grand total of 2,687. It will be noted at once that the great bulk of such deaths have occurred in the age-groups from 20 years to 45 years of age (with the greatest number in the 25-35 years group—the age of maximum productive capacity). It will be noted too that at the ages from 20 to 40 there is an excess of female deaths, which is definitely reversed in the later ages.

It can be objected, of course, that figures such as these, which represent gross totals, may be inaccurate and will depend on the total number of persons in each of the age-groups. This is a perfectly valid objection and, indeed, on examining the mortality figures on the basis of the number of persons in each of the groups it will be noted that (at the present time, at any rate) the greatest mortality (1.22 per 1,000) falls on the 45-55 groups. The relevant figures in this and the other groups may be studied in Table 28 which is based on information received from the Registrar General as to the age and sex constitution of each of the groups and computing the *rate* in each group from the known deaths occurring in it. There seems to be no doubt whatever that, over the years, there has been a shift in the age of maximum mortality from the younger to the older groups. In Table 33 we note in each age group the gradually reducing incidence of deaths over a limited number of years and that the incidence for the current year is well below the average for the previous ten years. This feature is also brought out, even more strikingly, in an earlier table (table 33, page 47) in which the total deaths in each group have been averaged for a number of years and compared with the current year.

Apart from their intrinsic statistical interest these figures have a practical lesson for us inasmuch as they afford a clue as to the danger period and the point at which our preventive measures should be applied. So far as BCG vaccination is concerned they indicate that the most useful period to apply this form of protection is in the later teen ages when adolescents have left school and have gone into factories and offices to work. This is the period at which they are exposed to the maximum risk of infection and it is all important that protective vaccination (if required) should be carried out at or before this time. BCG cannot stand by itself as a preventive against tuberculosis. In the first place the protection afforded does not last indefinitely and, in the second, the duration of protection varies from person to person. MMR is an essential corollary to BCG as it enables us to detect the tuberculous lesion in the lung at its earliest and most curable stage. It is literally true, as I have pointed out before, that there are thousands to-day who owe their good health to the fact that had had chest examinations by MMR and were able to undertake treatment at a most propitious period.

Note by Dr. P. F. Fitzpatrick, Deputy C.M.O. and Clinic Tuberculosis Officer:

It is with much pleasure and good wishes to those concerned that we observe the formation of the Cork Anti-Tuberculosis Association. The occasion is of importance and significance.

The death rate from tuberculosis continues to fall. The reduction this year is due entirely to fewer deaths from non-pulmonary forms of the disease. The deaths from pulmonary tuberculosis have not changed.

The past six years have been exciting ones for those of us who are so fortunate as to have been intimately associated with the disease. In this country an awakening to the gravity of the problem which tuberculosis creates, on the part of the Government and the people, had preceded the discovery of potent ancillary weapons in the shape of drugs and surgical measures now rendered safe by the protection which these drugs provide. Tuberculosis can now be cured. The outlook for the case discovered early is no longer a matter of conjecture. The White Plague is no longer so lethal.

It is gratifying to be able to record these advances and change of outlook on a disease that even many doctors once regarded as incurable. It is proper, however, that we should examine the situation objectively and in the light of our knowledge. With the steady, indeed dramatic fall in deaths the number of new cases treated have very considerably increased. It would appear that we are conquering death but not disease. The spread of infection is not being prevented to a degree which we know is attainable. In fact it is true to say that mortality figures for tuberculosis are losing much of their importance as an index of the prevalence of tuberculous disease. One no longer estimates bed requirements by a factor based on the number of deaths or the number of cases which may be presumed to exist in a community or a similar calculation. It can be truthfully said, of course, that our improved methods of case finding are discovering more people affected with the disease and that morbidity was at least as high or higher 20 years ago. We have, however, to deal with the situation as it presents itself and we are now treating many more cases than we treated six years ago. All this means more money. Expenditure has advanced in even a greater proportion.

The annual report of the National BCG Association makes interesting reading and the facts which the vaccinators have been uncovering over the past few years should not be lost sight of but should be the first statistical data to be consulted when planning prevention and case finding programmes. The figures given for tuberculin testing (and they are now of considerable magnitude) must be regarded as a picture representative of the comparative prevalence of tuberculous infection in all parts of the country. The figures for Cork City make gloomy reading, indicating as they do widespread infection.

Having regard to the prevalence of tuberculous infection it is abundantly clear that many cases of tuberculous disease are in our midst that have not yet come under the notice of a doctor. These cases are spreading infection, no doubt unwittingly, for tuberculosis of the lungs arrives at an advanced stage before compelling a man engaged in any but heavy manual labour to seek medical advice. Great reservoirs of infection in the shape of these cases are present and we are failing to find them.

The danger of these carriers of infection has been commented on before in these columns as well as the difficulties inherent in finding them. Compulsory chest films for everyone immediately suggests itself. Compulsory measures are not popular and it is debatable whether compulsory chest X-ray should be introduced or if introduced whether such a measure could be enforced. Emigration to America necessitates chest X-ray and vaccination. Entry into many forms of employment demands chest X-ray which is an integral part of every medical examination. The habit is growing. This is not the place for a dissertation on case finding, but one cannot but comment that certain groups are fruitful fields for exploration and these are groups under medical care. I refer to people who are admitted to general hospitals for treatment of disease other than tuberculosis and those who are in receipt of disability allowances. The list could be materially added to. When one considers that in tuberculosis we are dealing with a highly infectious disease which threatens life, and that chest X-ray examination is free one cannot

help feeling depressed that this elementary precaution is not more frequently availed of.

Popular opinion can be a great force for good. The power of propaganda is considerable. The best form of propaganda is the spoken word and the more people who say the things you want them to say the more convincing it sounds and the greater will be the number reached. This is the only weapon we possess to produce an enlightened public opinion towards tuberculosis, and the time is long overdue for the introduction of persistent and apt propaganda. In this connection it is most heartening to note that the newly formed Cork Anti-Tuberculosis Association has as its primary aim the education of the public concerning the facts of tuberculosis and we hope that their efforts will meet with the success which they merit.

Note on the working of the School Dental Scheme by Mr. E. J. McSweeney, Chief Dental Surgeon.

I am pleased to submit an analysis* of work done in the Corporation School Dental Clinic for the year ending 31st December, 1954. When I say pleased I must not be misunderstood, as I am not at all happy for what these figures indicate, when assessing the dental health of the school children of our City. However, I do not intend to submit a critical analysis of these statistics on this occasion, with the exception of drawing attention to one particularly significant item, as I consider it more important to take this opportunity of explaining what my staff and myself are doing to implement a drive for better dental health for the school children under our care. In this way, I am hopeful that I may be able to bring home to the parents and guardians of our young school patients how dependent we are on them for the successful working of any proper scheme if it is to really benefit them. I will now give a brief account of how our school dental inspections are arranged and explain how we follow up the children who require treatment, how we make arrangements for affording treatment to them.

The school to be inspected is visited and consent forms are filled in for every child on the rolls between the ages of 5 and 14. These forms are then given to each child in person and he or she is asked to take it home to his or her parents. From here on I am dependent on the parents' help, as they are asked to answer some very simple questions which enable my staff, when these papers are returned, to trace the record cards of children already in our files and to open new charts for new entrants and other children that have not been seen by us before. When all this has been done I am in a position to visit the school and inspect the children that I have consent to examine. Full details of their oral conditions are noted on their respective charts and a plan of treatment is outlined. Subsequently, appointments to attend the clinic are handed out in school to each child who requires treatment and so commences the number of visits that may be required to have the child's mouth put in good order. At the school inspection and particularly on the initial visit to the clinic we ask guardians to attend with the patient, so that all matters pertaining to treatment can be fully discussed and to advise and interest them in the dental health of their children.

*See appropriate section in body of report.

What happens to children who are not under current inspection and who may be in need of dental treatment? For these cases, referred to as "casuals", special clinics have been arranged on three afternoons a week, so that emergency treatment is available to the school child at all times irrespective of school inspection.

I will now make a brief reference to what awaits the guardian and child when they visit our dental department, as this is indeed important when it comes to considering proper dental treatment for the school child and as it is in the school clinic the foundation is laid to good dental health for the rest of the individuals' life. I may say that I am very fortunate in having two experienced dental surgeons, well versed in the handling of school children, to help me with treatment, which is all carried out in the bright cheerful and airy clinics here in the City Hall. These clinics were reconstructed during the year and are equipped on the most modern lines, so that the accent can be put on early diagnosis, where necessary by full X-ray examination, and then painless conservative treatment. For those less fortunate ones and the neglectful patients, when extraction is imperative, all modern anaesthetic aids, both local and general, are at our disposal, and qualified nurses are available to attend our patients before, during and after operation. Our anaesthetists are part-time men, recognised by the dental profession as the leading practitioners in this type of work in the City. Before closing this chapter, I wish to record my gratitude to the City Medical Officer and the higher authorities, who have afforded me every help and consideration during the re-organisation, replanning and equipping of the clinics.

And now having outlined the scheme and where we operate it, I come to the much more important matter of how it works. Here I touch on a regretful note as I must clearly state that at least 80% of our patients' guardians fail to realise that regular visits to the dentist are essential if the deciduous and permanent dentitions are to be preserved in a state of good health until school-leaving age is attained. Generally speaking, as I see it, the indication to parents to bring their children to the dentist is either a swollen face or acute pain and while this attitude persists the whole point in an organised dental service will be missed, as our system simply embodies the old adage that "prevention is better than cure." To substantiate my statements regarding the unenlightened, or be it the careless attitude of the children's guardians, I will now refer to the figure of 1,050 broken appointments, all incurred in one year. In the main this number is made up of patients who attended the clinic for say the casual extraction of an aching tooth and on clinical examination were found to have other diseased teeth. The dental defects were pointed out to the guardian, an appointment was given for conservative treatment and then, as quite commonly happens, the patient does not turn up. I do not feel qualified to comment as to whether or not free services bring about this deplorable lack of appreciation, but it seems hard to imagine that so little value is put on dental service by a section of the public, who would object strongly if they were asked to contribute even a nominal sum before becoming eligible for treatment under the scheme. More upsetting to our programme is the fact that such uncooperative patients and also the guardians, who do not even bother to return the "consent to inspection forms" with even a respectful "No" on it can request immediate treatment for the removal of their child's aching tooth. I might add that if

immediate treatment is not readily available for such cases one is left in no doubt as to where the grievance will be aired. Departmental regulations allow such a state of affairs to exist and while such conditions continue it will be well nigh impossible to formulate a really successful school dental service. It is a well-known fact that the scarcity of dentists presents a major problem when organising any service and we here in Cork are no exception in this regard. It is, therefore, most important that the services of the available dentists be used in the right way and in the interests of those patients who have the right attitude towards present-day dental trends. It is my opinion, based on practical experience, that this cannot be done until legislation is reviewed and is brought into line, so as to enable us to accent the organised "school" approach in school dentistry and not the "casual" approach so much availed of at the present time. In concluding this part of my report, I must point out that even if we were to receive a 100% treatment acceptance, following school dental inspection, I have not the required number of dentists to treat all cases that would require treatment. I will, however, go no further than to record this fact here, as the matter of increasing staff is at present under review. Another matter receiving current consideration is a proposed scheme for affording orthodontic treatment to school children, but I am not presently in a position to outline what will be done in this matter.

Regarding the important matter of propaganda, so essential to the success of any health drive, I have had little opportunity of doing much in this line owing to the pressure of internal re-organisation and a school dental survey which I am now carrying out. However, I take this opportunity of recording here what I would like to explain to the parents and guardians of all our young patients, school and pre-school, if I had the opportunity of speaking to them to give them some general advice on the care of their children's teeth.

A sound and a clean set of teeth is essential to health and to the appearance of an individual.

In order that the teeth shall be sound and clean it is necessary that they shall be:—

1. Perfectly formed.
2. Regularly arranged.
3. Properly cleaned.
4. Inspected at intervals, that dental decay may be detected and treated.

1.—PERFECTLY FORMED. Teeth are perfectly formed only in healthy children.

After birth the teeth continuously develop until they are "cut." If they be any check in development then, at that moment, faulty tooth substance is formed.

These faults remain during the life of the tooth and form the starting points of dental decay.

Good food and fresh air, sunlight and exercise are necessary to the health of the child in the widest sense, and especially for the formation of sound teeth.

That portion of a tooth formed when a child is ill is always faulty in structure, and though defects of other parts of the body may be remedied, those of the teeth remain. They do not heal naturally, and later form starting points for dental disease.

2.—REGULARLY ARRANGED. Given a normal set of teeth, situated in a normal jaw and not subject to any abnormal stress, the teeth will be arranged in a regular curve.

The great advantage of a regular arrangement is that not only is it in itself beautiful and efficient, but there are no crannies in which food can collect.

If the food be of a hard fibrous nature, and if it be well chewed, then this regular arrangement of the teeth allows them to be cleaned naturally. Under such conditions the teeth are cleaned at every meal, and hence they do not decay; for it is true that "clean, well-formed teeth do not decay."

Unfortunately this ideal arrangement is by no means common. Sometimes the teeth are too large for the size of the jaws. Often the baby set of teeth has not been taken care of, and some have had to be taken out at an early age because they ached. In consequence, the first back grinding teeth of the permanent set have moved forward into the space from which these baby ones were taken. These back grinding teeth are the first of the second set to be "cut." They "come through" at about six years of age.

Between these two teeth on each side of both jaws ten other teeth must find a place. If there be room these will be regularly placed, but if the space be insufficient, the teeth will "come crooked."

The bone of the jaw to which the teeth are attached is soft at this early age, and often becomes deformed because of some bad habit—such as the child sucking a finger or the thumb or a comforter. It is also believed that such the "pimple" shaped teat of a feeding bottle causes the jaws to become deformed, and this is a reason to be added to many others why the mother should suckle her own child. If a feeding bottle must be used, it should be the boat-shape with a large teat.

Children who breathe through their mouths, instead of through their noses, often have deformed jaws. These children snore at night, and usually have large tonsils and adenoids requiring treatment.

There are reasons for believing that if children eat hard food, and grind it well, their jaws will grow. A baby of eighteen months of age has four baby grinding teeth in place. These are given to the child to be used. The child should have, at meal times, hard crusts to gnaw; this will clean the teeth and help the growth of the jaws. Further, the child grows to like biting hard things, and so form a habit of great use to it in later life.

3.—PROPERLY CLEANED. "Clean, well-formed teeth do not decay." Good teeth regularly arranged and properly chewed upon will remain clean. Nevertheless it is well to make sure, for modern food is often soft and sticky, and clings to the teeth; hence the teeth should be brushed, especially—and this is imperative—the last thing, at night. No food or milk should be taken after this evening cleaning and even around the ideally arranged set of teeth crumbs cling for a long time.

Crumbs of bread, biscuits, potatoes, etc., decompose and form acids which are the cause of the first stage in the decay of teeth.

This decomposition takes place more readily at night, for the crumbs remain undisturbed when the child sleeps. This is why they should be brushed away before the child goes to sleep, and it is

further strongly advised that the crumbs and other soft matter clinging about the teeth should be dislodged at the close of a meal, and especially the evening meal, by eating some hard substance such as an apple, the fibres of which, should they remain do no harm.

The teeth of children who suck chocolates and other sweets all day are bound to decay, for they are never clean, but are always coated with sugars which are continuously being changed into acids.

The tooth brush should be used directly the baby cuts its first tooth, and regularly afterwards. It should be small and be used with some simple powder, such as prepared chalk. All the surfaces of the teeth should be cleaned ; outside and inside, and on the top. All the teeth should be cleaned, the upper and lower teeth of both sides, and then the upper and lower teeth in front, and the brush should be moved from the gum upwards and downwards to get between the teeth.

The tooth brush must be kept clean.

Each child must have its own brush.

Each brush must be hung up separately.

Each must be well washed often, and preferably in an antiseptic. It is sometimes urged that tooth brushes do harm ; that is because they have been allowed to get dirty and septic.

4.—INSPECTION AT INTERVALS. Unfortunately, with the best of intentions, things go wrong. Hence the teeth must be inspected regularly, and this should be done preferably every six months by a dentist.

The reasons are: first, that the teeth may be watched as they are "cut", so that if not "coming" properly they may be helped to do so, and made to take their proper place in the dental arch ; secondly, because holes, if present, will be found whilst they are yet small. These small holes can be filled painlessly and they are thereby "cured." Holes which are not filled always grow larger. Then, when they are being filled, they usually cause pain, and it may not be possible to fill them perfectly.

If decayed teeth are not filled, then not only is toothache frequent, but abscesses may form, and the mouth becomes a breeding-place of germs which may infect the body and cause grave disease. The teeth of the baby set require as much attention as those of the permanent set ; for not only do the troubles just mentioned follow when they become diseased, but the permanent teeth then enter a dirty mouth and soon become diseased also.

There are many people who have suffered much through life from the disease of their teeth entirely owing to the fact that their baby teeth were not taken care of, and thereupon all the other evils have followed.

There is proof that many serious bodily diseases are directly due to a septic mouth which could, and should, have been prevented.

In concluding this annual report, the first which I have returned since completing a full year of office as Chief Dental Surgeon, I would like to say that, when I consider the sympathetic attitude of my senior officers towards the school dental service, I have great hopes for the future. As for my own staff, Dental, Nursing and Clerical, I wish to express my thanks for their co-operation and good work without which I could accomplish but little.

(Detailed particulars of the working of the dental scheme are incorporated in the School Medical Section).

ORTHOPAEDIC SERVICE

The orthopaedic clinic was held on the first Tuesday of each month throughout the year and the total number of attendances at these clinics was 203. Among these attendances there were 49 new cases.

192 cases attended the physiotherapy department during the year, giving a total number of 4,276 attendances.

Analysis of cases treated at Physiotherapy Clinic :—

Poor posture and respiratory disturbance	....	....	11
Poliomyelitis	....	....	16
Rheumatism (articular and muscular)	....	....	8
Flat feet	....	....	21
Pains due to injury or some other cause, stiffness, etc.	....	....	20
Manipulative treatments for deformities	....	....	9
Cerebral palsy	....	....	4
Erb's palsy	....	....	2
Other palsies	....	....	3
Congenital dislocation of the hips	....	....	2
Ankylosing spondylitis	....	....	2
Fractures	....	....	21
Prolapsed disc	....	....	9
Torticollis	....	....	10
Periarthritis of shoulder	....	....	3
Polyarthritis	....	....	2
Osteoarthritis	....	....	25
Old tubercular joints	....	....	2
Laminectomy	....	....	3
Ruptured muscles	....	....	5
Tenosynovitis	....	....	2
Bursitis	....	....	2
Miscellaneous	....	....	10
Total	....	....	192

SWIMMING BATHS

During the year a major improvement was effected in this service which, since it is under the supervision of the Health Department, may be appropriately mentioned in this report. I refer to the new plant for the purification of the water supply to the indoor swimming baths. These baths were a source of some anxiety since they were supplied with water on the fill and empty system which, notwithstanding constant supervision and chlorination, is at best unsatisfactory. This anxiety has now been removed.

The plant is designed to give a continuous circulation of the water in the swimming pools. The rate of flow is 50,000 g.p.h. so that the entire contents are dealt with every three hours. The water is drawn from the deep-ends of the pools and after large debris has been arrested by the strainer box sulphate of alumina is added and the water passes into the filter. This contains a bed of specially graded sand and the alumina reacts in such a way as to form a kind of gelatinous layer on the surface of the bed which greatly increases its effectiveness.

At the bottom of the filter the water is collected evenly from the bed by a system of strainers designed to keep back the sand. After leaving the filter the water passes through an "air-injector" and aeration chamber. The injector sucks in a certain amount of air, any excess being liberated in the aeration chamber. This process is performed because it imparts a bright and sparkling appearance to the water.

The final treatment given to the water is sterilisation. This is done by adding chlorine in the form of a solution which is a very effective means of destroying bacteria. The dosage is adjusted so that the water in the pool contains a certain "chlorine residual" which will then help to kill further bacteria introduced into the water by the bathers. The water is then delivered back to the shallow ends of the pools where it is distributed by special bath inlets. When the filter bed begins to get clogged with the matter removed from the water, it is cleansed by blowing air upward through the strainers thereby loosening the dirt which is then washed out of the filter by an upward flow of water. This washwater is then discharged to drain.

"In these modern days hardly any one of us, whatever his position, can devote enough time to the meditation, and if the stress continues this will be a bad thing for preventive medicine and for surgery. Many of the relatively obvious problems of preventive medicine and of surgery have been solved or are in process of solution, and at least an equal number of problems might emerge from the meditations upon these of those practising the two branches of the medical profession. Nowadays, only too often Higher Authority (spelled with capital letters) errs in mistaking busyness for business, a strategic error crystallised in the phrase by Lord Asquith. John Hunter meditated much and long over his own problems, and if they are to lead effective lives graduates who are the intake into preventive medicine must do so also. This poses an arresting educational problem, and its solution must begin in the elementary and secondary schools. My own experience tempts me to declare that on the whole there is no vainer appeal to many of the present-day taught than the appeal to 'think it out'."—SIR JAMES LEARMONTH, *Contribution of Surgery to Preventive Medicine*. London, 1951.

Section I—Vital Statistics

The judicious man looks at statistics, not to get knowledge but to save himself from having ignorance foisted upon him.—CARLYLE.

1.—Population

The figures for the 1951 census shewed the population of the city to be 74,567 persons, of whom 34,715 were males and 39,852 females. The fluctuations of population which have occurred since the first available census are as follows:—

1881	....	....	....	80,124
1891	....	....	....	75,345
1901	....	....	....	76,122
1911	....	....	....	76,673
1926	....	....	....	78,464
1936	....	....	....	80,765
1941	....	....	....	76,834
1943	....	....	....	75,484
1946	....	....	....	75,595
1951	....	....	....	74,567

The inter-censal figures for 1941 and 1943 (in heavy type) represent computations for the *Registration of Population* made in those years. In his Report in the Census of 1951 the Registrar General comments on the problems of definition which have arisen in connection with new housing schemes, whereby families are transferred from houses in towns to houses situated in the surrounding country. In such cases, when the town has legal boundaries and the new housing schemes are situated outside such boundaries, the census authorities have no option but to define new "towns." Such erections sometimes fail to achieve local recognition or even identification. When the town or village has no legally defined boundaries and when clusters of newly built houses are not far distant from the parent town the populations are usually included with the population of the town or village. Even when the towns have legal boundaries, comparisons of inter-censal changes of population for the identical areas may be misleading. Thus the population of Cork County Borough will be seen to have *declined* from 75,595 to 74,567 (or by 1.4 per cent.) between 1946 and 1951. When, however, the adjacent North City and South City suburbs are included the population of the city and suburbs *increased* from 108,022 to 112,009, or by 3.7 per cent. in the last inter-censal period. This problem is especially acute in the larger expanding conurbations.

It has, of course, been evident for many years that the city has been expanding (particularly in a southerly direction) with greatly increased rapidity. Expansion in other directions too has been evident and in order to judge the full effect of this it is helpful to know the location and delimitation of these suburbs. They are defined in the census report as follows:—

North City Suburbs: The townlands of Ballinamought East (otherwise Montenotte), Lota Beg, Ballyvolane, Closes, Commons, Coppingers Acre, Farranferris, Gurranebraher, Kerryhall, Kilbarry, Kilnap, Knockfree, Knocknabohilly, Knocknaheeny, Knockpogue, Mount Desert, Parknaglantane, Shanakiel. The entire North City Suburbs contain 9,835 persons and have increased in population by 6.6 per cent. since 1946.

South City Suburbs comprise the townlands of Ardarrig, Ballybrack, Douglas, Grange, Maryboro, Monfieldstown, Mounthovel and Donnybrook. They are contained in the District Electoral Divisions of Bishopstown and Blackrock. The entire South City Suburbs contain 27,707 persons and have increased in population by 19.0 per cent. since 1946.

On the basis of these figures it is computed that the actual *increase* in population in each of these suburbs during the inter-censal period was as follows:

North City Suburbs	....	....	600
South City Suburbs	....	....	4,400
TOTAL			5,000 persons

which is almost exactly the amount by which the City population decreased.

The total City and Suburban population, as ascertained by the 1951 Census is therefore:

County Borough	....	....	74,567
North Suburbs	....	....	9,835
South Suburbs	....	....	27,607
TOTAL			112,009

This is a fairly close approximation to the computation which was ventured in the Report for 1951 and which put the figure as being somewhere between 100,000 and 110,000. It is obvious that the population is now moving, and moving with increased rapidity, out of the narrow and confined river valley which has constituted Cork City since its foundation until very recent times. This is all to the good. Cork has always been a congested city, in which respect it has compared unfavourably with the other County Boroughs and any movement outwards is almost sure to be reflected in improved health statistics. Among other interesting features the Census Report gives the *density of population* in the various conurbations. For the four County Boroughs the figures (which indicate the number of persons to the acre) are:

Dublin	....	....	....	23.8 (23.1)
Cork	....	....	....	29.6 (30.1)
Limerick	....	....	....	10.7 (20.7)
Waterford	....	....	....	14.5 (14.3)

The figures in brackets relate to the findings in the 1946 Census. It is to be noted that we occupy an unenviable position. The marked reduction in the Limerick figure was brought about by an expansion of the Borough boundary in the intervening period. In this respect such figures may be deceptive. A similar extension of the Cork Borough Boundary would bring about a corresponding reduction in our figure for congestion without any real relief of it, but as pointed out in last year's report there is no real doubt that our geographical position has entailed a high degree of real congestion in the past from which we are now only beginning to emerge. Consideration of facts such as this, taken in conjunction with other more specific health problems (such as the eradication of tuberculosis) call for an added effort in the provision of more houses in the outlying areas.

For Public Health and Home Assistance purposes, the city is divided into seven Dispensary Districts the respective populations of which have been shewn to be:

District	General Location	Persons
No. 1	North East	13,035
„ 2	North (part of)	9,467
„ 3	North (part of)	9,030
„ 4	North West	8,591
„ 5	Centre	5,988
„ 6	South West	10,204
„ 7	South East	18,253
TOTAL		74,567

A comparison of the corresponding figures in the two census years is of some little interest.

District	1946 Census	1951 Census	Relation
1	13,120	13,035	— 85
2	9,721	9,476	— 345
3	8,955	9,020	+ 65
4	8,193	8,591	+ 398
5	6,706	5,988	— 718
6	10,514	10,204	— 310
7	18,386	18,253	— 133

Table 1—Cork City Population Census 1951. Age and Sex Grouping.

Age Group	Males	Females	TOTAL
Under 1 year	817	792	1,609
1-4	3,021	2,970	5,991
5-9	3,305	3,218	6,523
10-14	3,395	3,255	6,650
15-19	3,130	3,428	6,558
20-24	2,799	3,086	5,885
25-29	2,597	3,075	5,672
30-34	2,199	2,684	4,883
35-39	2,136	2,771	4,907
40-44	2,127	2,498	4,625
45-54	3,737	4,448	8,185
55-64	2,599	3,539	6,138
65-69	1,070	1,445	2,515
70-74	938	1,342	2,280
75-84	788	1,131	1,919
85 and over	57	170	227
TOTALS	34,715	39,852	74,567

2.—Births

There are two methods by which births are computed, registration and notification. *Registration* refers to the obligation on the parent or other responsible person to lay the necessary facts before the Registrar of Births, Marriages and Deaths (in this country the local Dispensary doctor) within the statutory period of 42 days. *Notification* relates to a similar legal obligation to inform the Chief Medical Officer within 36 hours of the birth. In practice it is the midwife who notifies the Medical Officer. The object of notification is to enable the local authority to afford advice and assistance to the parents if called for. Either method may be used for estimating the number of births and calculating certain data arising from it. Registration is regarded as slightly more accurate since it takes into consideration births which have taken place outside the district concerned and have not come to notice of the authorities. The number of such births is not large and it makes no significant difference to the rates emerging from the figures. Notification is more convenient since the information is to hand very much earlier and accordingly vital statistics can be computed more rapidly.

The total number of births *notified* in Cork during 1954 was 1,400 of which 1,357 were live births. There were, therefore, 43 still-born babies. These still-born babies represent a serious social problem. Neo-natal deaths now represent the great bulk of our infant mortality and if they could be obviated the latter would dwindle to vanishing point. The birth-rate represented by the above figure was 18.5. The general trend of the birth rate is shewn by the following figures:—

1881-1890	....	....	....	26.2
1891-1900	....	....	....	27.2
1901-1910	....	....	....	26.0
1911-1920	....	....	....	24.7
1921-1930	....	....	....	23.5
1931-1940	....	....	....	22.6
1941	....	....	....	21.8
1942	....	....	....	22.2
1943	....	....	....	23.2
1944	....	....	....	24.7
1945	....	....	....	22.4
1946	....	....	....	24.0
1947	....	....	....	23.9
1948	....	....	....	24.5
1949	....	....	....	25.0
1950	....	....	....	21.4
1951	....	....	....	21.8
1952	....	....	....	21.7
1953	....	....	....	19.3
1954	....	....	....	18.5

The birth-rate for the whole country was 21.1. The birth-rate for Cork City for each year from 1881 to 1950 is set out in the report for 1950. The number of births *registered* in 1954 was 1,467.

These rates represent crude birth-rates and the crude birth-rate is affected by the age distribution of the population, the numbers of married women at the reproductive ages, the proportion of these that are married and the fertility of married women. It is, therefore, advisable to relate total births to the number of women aged 15-44 years and legitimate births to the married women at the same ages. This has been done in the Annual Report of the Registrar General for the year 1952. The relevant table shews the result for each administrative area and is reproduced below so far as it relates to the County Boroughs. Standardised rates are also shewn in this table. These rates indicate what fertility would have been in each area if the age distribution of the married women in each area had been the same as that in the State. They eliminate the effect in the crude rate of differences in age distribution of married women between the areas.

Table 2.—Number of Births in 1953 per 1,000 population and per 1,000 females aged 15-44 and number of legitimate births per 1,000 married females aged 15-44 in the four County Boroughs (figures supplied by Registrar General).

County Borough	Total Births per 1,000 Population	Total Births per 1,000 Women aged 15-44	Legitimate Births per 1,000 Married Women 15-44 years	
			Crude	Standardised
Dublin	22.1	94.1	248.3	242.3
Cork	20.3	86.4	220.9	217.5
Limerick	25.0	107.7	250.6	236.5
Waterford	22.6	101.4	251.6	242.5

For various reasons, in many parts of the country, the general trend has been for mothers to arrange for their confinements to take place in maternity hospitals and private homes. The particulars set out in the following tables have been obtained from the forms of notification:—

Table 2a.—Proportion of children born in parents' homes.

YEAR	Total Notifications	No. Born at Home	Proportion to Total Notified Births
1944	1,754	1,041	59.3 per cent.
1945	1,710	875	51.1 „
1946	1,797	968	54.3 „
1947	1,850	1,021	55.1 „
1948	1,823	1,130	61.5 „
1949	1,670	930	52.8 „
1950	1,628	855	52.4 „
1951	1,651	861	52.1 „
1952	1,620	694	42.8 „
1953	1,444	528	35.8 „
1954	1,400	476	34.0 „

It is difficult to assess the relative merits in the two cases. Statistically it has been shewn that it is safer for the mother to be confined at home from the point of view of infection and mortality but, in the past at any rate, the higher mortality in institutional practice was, no doubt, in part related to the more difficult cases undertaken. From the infant's point of view (if it may be stated thus) there is no doubt as to which is the more favourable environment.

The number of *illegitimate births* notified during the year was 9 representing 0.5 per cent. of the total *notified* births. The corresponding figure for the previous year was 8 being 0.5 per cent. of the total births.

3.—Deaths

887 deaths have been assigned to this area in the *Annual Summary* of the Registrar General for 1954. This is equivalent to a crude death rate of 11.7 per 1,000 of the population. There is some discrepancy between our figures collected locally (shewn in Table 7) and those of the Registrar General. This discrepancy has persisted in successive years and has been previously alluded to. According to our records the number of deaths was 869 (compared with 888 in the previous year). The difference, it is to be assumed, is explained by the occurrence of deaths in other places of persons normally resident in Cork, of which deaths we would be unaware.

Table 3.—Crude death rates per 1,000 persons living for Cork City and Eire (*rates from 1881 to 1940 expressed as decennial averages*):—

PERIOD	CORK	EIRE
1881–1890	24.2	17.5
1891–1900	24.8	17.6
1901–1910	21.2	16.9
1911–1920	19.6	16.6
1921–1930	16.2	14.4
1931–1940	15.0	14.1
1941	16.1	14.6
1942	15.9	14.0
1943	16.5	14.7
1944	18.1	15.4
1945	14.9	14.4
1946	13.7	13.9
1947	16.9	14.9
1948	13.2	12.1
1949	14.0	12.7
1950	13.8	12.6
1951	13.0	14.3
1952	11.8	11.9
1953	12.4	11.8
1954	11.7	12.1

Table 4.—Crude and Standardised Death Rates in each County Borough in 1953 (figures supplied by Registrar General).

COUNTY BOROUGH	Deaths per 1,000 Population	
	Crude	Standardised
Dublin	9.61	12.24
Cork	12.49	13.98
Limerick	10.43	13.16
Waterford	10.98	12.42
Whole Country	11.75	11.75

In 1952 the crude death rate varied from 9.1 per 1,000 in Dublin County to 14.36 per 1,000 in Roscommon. The effect of standardisation is to reduce this range of variation. The lowest standardised rate was 10.16 in Mayo County and the highest was 14.10 in Waterford Co. Borough. The crude rates are markedly affected by different age distributions of the population and standardisation eliminates the affect of age on the death rate.

Table 5.—Crude and Standardised Death Rates in each County Borough in 1925/27 and 1945/47 (figures from Annual Report, Registrar General, 1951):

COUNTY BOROUGH	Crude rates per 1,000 Population			Standardised Rates per 1,000 Population		
	1925/ 27	1945/ 47	Percentage Decrease (+ = increase)	1925/ 27	1945/ 47	Percentage Decrease (+ = increase)
Dublin	16.4	13.7	16.5	23.0	17.1	25.7
Cork	16.1	15.4	4.3	22.3	17.2	22.9
Limerick	16.6	14.8	10.8	24.1	18.6	22.8
Waterford	15.3	18.6	+21.6	19.7	21.0	+ 6.6
Whole Country	14.5	14.5	0.0	16.1	14.5	9.9

Table 6.—Infant Mortality (*figures from 1881 to 1940 expressed as decennial averages*):

PERIOD	Births	Deaths Under 1 Year	Deaths per 1,000 Births*
1881-1890	2,096	255	120
1891-1900	2,072	278	134
1901-1910	2,032	254	125
1911-1920	1,826	209	114
1921-1930	1,853	157	85
1931-1940	1,829	152	83
1941	1,680	142	85
1942	1,706	171	100
1943	1,781	197	113
1944	1,721	188	108
1945	1,690	156	89
1946	1,756	109	62
1947	1,824	160	87
1948	1,848	87	47
1949	1,885	131	68
1950	1,599	81	50
1951	1,616	62	38
1952	1,553	74	47
1953	1,402	43	30
1954	1,467	34	23

* To the nearest whole number.

Individual figures for each year in Tables 3 and 6 are set out in the Reports for 1950 and previous years.

Table 7 is an analysis of the deaths recorded during the year. This table is compiled from weekly returns collected by us from the Registrars of Deaths in each of the Dispensary districts. It is based on Abstract V. of the Registrar General's Annual Report but differs from it in certain respects. It has been our practice to split up "other forms of tuberculosis" under headings appropriate to the site of the disease and similarly "other defined diseases" are assigned to various more clearly defined causes. Long experience in handling these returns causes considerable doubt as to the validity of the assigned cause of death in a great many instances and, consequentially, to the statistics arising therefrom. However, taking them by and large over the years, one must suppose that they represent trends and, as such, are of some value. They are presented for what they are worth. The number of deaths in this table amounts to 869. The *Annual Summary* of the Registrar General assigns 887 deaths to Cork City, a difference of 18. Each year a discrepancy occurs between the two sets of figures which is very difficult to explain.

Table 7.—Analysis of Causes of Death at different age-periods during the year 1954:—

CAUSE OF DEATH	Total	SEX		Un. 1 Yr.	1 to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 and up
		M.	F.											
Whooping Cough	1	—	1	—	1	—	—	—	—	—	—	—	—	—
Weil's Disease	1	1	—	—	—	—	—	1	—	—	—	—	—	—
Influenza	3	3	—	—	—	—	—	—	—	—	3	—	—	—
Cerebro-Spinal Fever	1	—	1	—	1	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	29	19	10	—	—	1	2	2	2	8	7	7	—	—
Other Tuberculosis	3	2	1	—	1	—	—	—	—	2	—	—	—	—
Cancer	129	61	68	—	1	—	—	—	4	17	37	48	22	—
Diabetes	3	—	3	—	—	—	—	—	—	—	2	1	—	—
Hemiplegia:														
(a) Haemorrhage	54	18	36	—	—	—	—	—	4	4	9	19	16	2
(b) Thrombosis	33	12	21	—	—	—	1	1	—	3	7	10	10	1
Heart Disease	327	157	170	—	—	1	2	2	8	23	58	107	110	16
Arterio-Sclerosis	39	22	17	—	—	—	—	—	—	1	1	18	12	7
Bronchitis	27	23	4	—	—	—	—	—	—	1	8	11	7	—
Broncho-Pneumonia	25	14	11	1	3	—	1	1	2	2	2	6	7	—
Lobar Pneumonia	9	6	3	—	1	—	—	—	—	1	2	3	2	—
Other Respiratory Diseases	22	12	10	2	—	—	1	—	3	5	3	5	3	—
Peptic Ulcer	9	6	3	—	—	—	—	—	—	3	4	2	—	—
Diarrhoea and Enteritis	2	1	1	2	—	—	—	—	—	—	—	—	—	—
Cirrhosis of Liver	2	1	1	—	—	—	—	—	—	—	2	—	—	—
Nephritis	20	9	11	—	—	—	—	—	—	4	7	6	3	—
Puerperal Causes	3	—	3	—	—	—	—	—	3	—	—	—	—	—
Prematurity, etc.	23	13	10	23	—	—	—	—	—	—	—	—	—	—
Suicide	1	1	—	—	—	—	—	—	—	—	1	—	—	—
Other Violent Deaths	22	11	11	1	—	—	2	1	1	3	3	3	7	1
Senility	26	13	13	—	—	—	—	—	—	—	—	4	16	6
Genito-Urinary	6	6	—	—	—	—	—	—	—	—	—	1	4	1
Blood Diseases	5	1	4	—	—	2	—	—	—	—	1	—	1	1
Hypertension	5	2	3	—	—	—	—	—	1	1	2	1	—	—
Gastro-Intestinal	11	6	5	—	—	1	—	1	—	2	3	1	3	—
Central Nervous System	7	4	3	—	—	—	2	—	—	1	1	2	1	—
Intracranial Haemorrhage	5	2	3	4	—	1	—	—	—	—	—	—	—	—
Miscellaneous	15	8	8	1	—	—	1	1	1	2	3	6	1	—
TOTALS	869	434	435	34	8	6	12	10	29	83	166	261	225	35

The principal causes of death (in order of importance) were as follows:

1.	Heart Disease	327	(340)
2.	Cancer	129	(126)
3.	Cerebral Haemorrhage	87	(87)
4.	Arterio-sclerosis	39	(19)
5.	Pulmonary Tuberculosis	29	(29)
6.	Bronchitis	27	(21)
7.	Senile Decay	26	(29)
8.	Broncho-pneumonia	25	(28)
9.	Prematurity, etc.	23	(23)
10.	Violence	23	(19)
11.	Nephritis	20	(14)
12.	Lobar Pneumonia	9	(23)

The figures in brackets denote the corresponding numbers last year.

Cardiac Disease. As usual this condition accounts for the great bulk of the deaths. Stress has been laid on deaths from heart disease and allusion made to the fact that the majority of them are found to be recorded in the later age-groups which gives rise to the supposition that they represent a degenerative condition rather than an infective one. This feature has been reproduced this year as shewn in the following table:—

Table 8.—Analysis of deaths from heart disease.

Year	Under 5 years	5/15 years	15/25 years	25/35 years	35/45 years	45/55 years	5 5/65 years	65/75 years	75 yrs and up	Total
1932	—	6	2	9	17	39	50	99	36	258
1933	—	2	4	5	15	31	58	83	42	240
1934	1	3	4	5	20	17	66	103	39	258
1935	2	3	1	7	11	29	63	93	36	245
1936	4	3	3	7	6	32	64	98	48	265
1937	—	5	6	9	16	24	72	112	64	303
1938	1	2	2	2	13	35	67	106	76	304
1939	—	1	4	2	12	27	63	108	61	278
1940	2	—	5	4	12	21	66	109	74	293
1941	—	3	2	6	12	22	82	108	71	306
1942	1	1	1	5	11	25	74	131	68	317
1943	—	1	7	4	16	28	81	133	79	349
1944	1	1	3	5	13	35	63	155	114	390
1945	—	3	6	4	12	24	62	123	83	317
1946	1	1	7	8	14	18	65	115	101	330
1947	—	1	3	5	13	31	71	147	92	362
1948	—	2	2	2	6	27	74	111	87	311
1949	1	5	2	5	9	27	61	111	125	346
1950	—	—	4	5	8	23	51	129	114	334
1951	—	1	1	6	9	26	58	130	110	341
1952	3	1	4	1	5	19	40	118	109	300
1953	—	2	3	6	7	22	53	123	119	340
1954	—	1	2	2	3	23	58	107	126	327
Totals	17	48	78	114	265	605	1467	2351	1874	7119

Table 9.—Trend of mortality from the three principal causes of death in Cork City from 1932:—

Year	CONDITION		
	Heart-Disease	Cancer	Pulmonary Tuberculosis
1932	258	98	111
1933	240	114	106
1934	258	111	107
1935	245	133	115
1936	265	121	85
1937	308	117	96
1938	304	106	99
1939	278	143	86
1940	293	114	96
1941	306	125	88
1942	317	149	106
1943	349	120	107
1944	390	123	118
1945	317	116	86
1946	330	92	79
1947	362	120	126
1948	311	130	81
1949	346	117	69
1950	334	100	66
1951	341	125	41
1952	300	121	34
1953	340	126	29
1954	327	129	29

Cancer. The number of deaths attributed to this disease recorded by us was 129 as compared with 126 in the previous year. The corresponding figures of the Registrar-General are 129 (uncorrected) and 116. On the basis of 129 deaths the rate was 1.7 per 1,000 of the population.

Phthisis Death Rate. The deaths from pulmonary tuberculosis numbered 29 equivalent to a rate of 0.38 per 1,000 of the population. The corresponding figures for last year were the same.

Infant Mortality. The number of deaths of children under one year of age was 34 which is equivalent to a rate of 23.0 per 1,000 live births. In the previous year the number of deaths was 43 and the rate 30.0 per 1,000. The contributory factors are discussed in Section IV.

Maternal Mortality. There was 3 deaths from causes under this heading during the year. The maternal mortality rate was 2.2.

Infectious Disease Death Rate. The number of deaths from the principal infectious diseases was 5 equivalent to 0.06 per 1,000 of the population. Of the deaths so recorded 1 was due to cerebro-spinal fever, 2 to gastro-enteritis, and one each to Weil's Disease and Whooping Cough.

Table 10.—Deaths from the principal epidemic diseases during the past ten years.

Year	Typhus Fever	Typhoid Fever	Scarlatina	Puerperal Fever	Diphtheria	Measles	Diarrhoea	Whooping Cough
1944	—	—	—	2	5	6	65	28
1945	—	—	—	—	3	—	50	—
1946	—	—	—	—	2	4	18	—
1947	—	—	—	—	—	—	32	5
1948	—	—	1	—	—	—	19	5
1949	—	—	—	—	—	4	43	4
1950	—	—	—	—	—	—	19	1
1951	—	—	—	—	—	—	6	—
1952	—	—	—	—	2	3	5	1
1953	—	—	—	—	—	—	1	—
1954	—	—	—	—	—	—	2	1

Deaths from Violence. In the 23 recorded instances the causes of death was as follows:—

Falls	....	....	9
Motor Accidents		....	5
Suicide	....	....	1
Drowning	....	....	3
Miscellaneous	....	....	5

The number of deaths attributed to motor car accidents is as follows:

1934	....	4	1945	....	0
1935	....	7	1946	....	6
1936	....	6	1947	....	6
1937	....	6	1948	....	4
1938	....	2	1949	....	1
1939	....	2	1950	....	3
1940	....	3	1951	....	4
1941	....	3	1952	....	7
1942	....	4	1953	....	0
1943	....	3	1954	....	5
1944	....	1			

Table 11.—Deaths from certain infectious and other diseases (*expressed as decennial averages from 1881 to 1940*).

PERIOD	Smallpox	Measles	Scarlet Fever	Typhus	Wh. Cough	Diphtheria	Typhoid	Diarrhoea	Pulmonary Tuberculosis	Non-Pluy. Tuberculosis	Lobar Pneumonia	Cancer	Violence	Prin-Zymotic Diseases (Rate per 1,000)
1881-1890	—	33	17	31	35	7	13	47	266				11	2.4
1891-1900	—	22	5	8	30	4	14	51	281				17	2.0
1901-1910	—	6	5	3	29	8	8	52	278				20	1.5
1911-1920	—	16	5	1	22	16	5	50	202	70	124	71	19	1.5
1921-1930	—	15	3	0.5	16	28	2	25	135	32	86	86	31	1.2
1931-1940	—	5	3	—	7	12	0.5	43	102	26	47	115	26	0.8
1941	—	6	—	—	—	5	—	36	88	19	17	125	29	0.5
1942	—	—	—	—	2	21	—	52	106	16	27	149	25	1.0
1943	—	—	—	—	4	17	—	52	107	23	23	120	23	0.8
1944	—	6	—	—	28	5	—	65	118	27	23	123	29	0.6
1945	—	—	—	—	—	3	—	50	86	28	16	116	16	0.1
1946	—	4	—	—	—	2	—	19	79	22	17	92	26	0.3
1947	—	—	—	—	5	—	—	32	126	21	30	120	31	0.1
1948	—	—	1	—	5	—	—	19	81	16	20	130	23	0.1
1949	—	4	—	—	4	—	—	43	69	14	14	117	20	0.7
1950	—	—	—	—	1	—	—	19	66	11	22	100	24	0.4
1951	—	—	—	—	—	—	—	6	41	9	25	125	24	0.6
1952	—	—	—	—	1	2	—	5	34	7	12	121	27	0.2
1953	—	—	—	—	—	—	—	1	29	14	23	126	19	0.2
1954	—	—	—	—	1	—	—	2	29	3	9	129	23	0.06

NOTE: *Lobar pneumonia*—The high average figure (124) for the decade 1911-20 is probably related to the wave of pandemic influenza of 1918 and 1919, when 247 and 248 deaths *respectively* were attributed to this cause.

Section II—Infectious Diseases

The various enactments, referred to in previous reports, covering the notification of infectious disease have been repealed by the Public Health Act 1947, and have been replaced by the Infectious Diseases Regulations, 1948, the second schedule of which specifies the following diseases to be infectious diseases:

Acute Anterior Poliomyelitis	Paratyphoid A.
Anthrax	Paratyphoid B.
Brucellosis (undulant fever)	Pemphigus Neonatorum
Cerebro-Spinal Fever	Plague
Cholera	Psittacosis
Diphtheria	Puerperal Pyrexia
Dysentery	Puerperal Sepsis
Encephalitis Lethargica	Rubella
Epidemic Diarrhoea and	Salmonella Infection*
Enteritis	Scabies
Erysipelas	Scarlet Fever
Gonorrhoea	Smallpox
Haemorrhagic Jaundice	Soft Chancre
(Weil's Disease)	Syphilis
Infective Hepatitis	Tinea Capitis
Infective Mononucleosis	Tuberculosis
Influenzal Pneumonia	Trachoma
Malaria	Typhoid
Measles	Typhus
Ophthalmia Neonatorum	Whooping Cough
	Yellow Fever

Primary Pneumonia was removed from the Schedule of Infectious Diseases by the Infectious Diseases Amendment Regulations, 1949.

General

Notifications of infectious disease received during the year amounted to 622 (the corresponding figure for the previous year being 467). The number of cases of scarlet fever notified was 52 (as against 247 in the previous year) and of measles, 237 (the corresponding figure in 1953 having been 56). Both were relatively mild in character. There was no death from either. 209 cases of Whooping Cough were reported (there were 31 in 1953). 64 cases of Epidemic Diarrhoea were notified. Two cases of Typhoid and one case of Paratyphoid B occurred.

* Added in accordance with the provisions of Art. 4 of *Infectious Diseases (Amendment) Regulations*, 1948.

Deaths from infectious disease numbered 8. They occurred under the following headings:—

Disease	1954	1953	1952	1951	1950	1949
Gastro-enteritis	2	1	5	6	19	43
Measles	—	—	3	—	—	4
Whooping Cough	1	—	1	—	1	4
Influenza	3	7	—	37	9	6
Encephalitis	—	1	—	—	1	2
C.S. Fever	1	3	7	5	4	—
Diphtheria	—	—	2	—	—	—
Poliomyelitis	—	1	—	—	—	—

One death from Weil's Disease occurred.

DIPHTHERIA

Three cases occurred during the year. It would be very dangerous to adopt an attitude of complacency in the face of such a fact. The two deaths which occurred in 1952 are a reminder of the treacherous nature of diphtheria and of the need for securing the maximum degree of immunisation amongst the child population.

Table 12.—DIPHTHERIA. Incidence, morbidity and fatality rates from 1890 (*expressed as decennial averages to 1940*):—

PERIOD	Cases	Morbidity*	Deaths	Fatality†
1890-1899	17	0.22	5	29.4
1900-1910	30	0.39	7	23.0
1911-1920	68	0.89	11	16.1
1921-1930	384	4.96	28	7.3
1931-1940	147	1.85	18	12.2
1941	62	0.80	5	8.1
1942	372	4.84	21	5.6
1943	326	4.25	17	5.2
1944	172	2.70	5	2.9
1945	95	1.24	3	3.1
1946	46	0.61	2	4.3
1947	18	0.25	0	—
1948	10	0.10	0	—
1949	7	0.09	0	—
1950	10	0.10	0	—
1951	6	0.09	0	—
1952	5	0.06	2	40.0
1953	1	0.01	0	—
1954	3	0.03	0	—

*Representing the number of cases per 1,000 population.

†Expressed as the number of deaths per 100 recorded cases.

The figures for each of the individual years embraced in this table are available in the reports for the year 1950 and the years preceding.

Diphtheria Immunisation

The total number of children who completed the full course of treatment during the year was 1,863.

Table 13.—Attendance of new cases at Diphtheria Prevention Clinic.

	Primary Schick Negative	Completed Full Course	TOTAL	Not Completed Course
1929	—	1,802	1,802	—
1930	154	2,857	3,011	505*
1931	324	1,777	2,101	436
1932	91	422	513	208
1933	159	592	751	61
1934	826	1,716	2,524	432
1935	173	1,118	1,291	8
1936	458	1,741	2,199	22
1937	165	960	1,125	212
1938	106	708	814	205
1939	87	355	442	69
1940	87	552	639	90
1941	109	576	685	60
1942	367	3,795	4,162	891
1943	306	1,081	1,387	321
1944	80	654	734	99
1945	106	622	728	145
1946	67	454	521	103
1947	154	633	787	103
1948	198	724	922	178
1949	51	909	960	212
1950	76	1,050	1,126	393
1951	142	1,300	1,442	488
1952	—	3,162	3,162	917
1953	—	939	939	229
1954	—	1,863	1,863	429
Totals	4,286	32,362	36,648	6,816

The reduced attendances for 1953 were, no doubt related to the more urgent BCG campaign in the schools. A special effort by the School Medical Officer and his staff in 1952 met with a considerable degree of success and is reflected in the figure (3,162) of immunisations recorded in that year. It is generally recognised now that the demand for the reduction of tuberculosis is of a more pressing character than that of diphtheria and that tuberculin testing and BCG vaccination should be given precedence over diphtheria immunisation. The former procedure is a relatively complicated one and it was felt to be inexpedient to press forward with a further campaign against diphtheria while that against tuberculosis was being actively operated.

The *total number of cases* dealt with (according to age-groups) is shewn in the following figures:

(1) Treatment Incomplete—

0-1	....	....	....	54
1-2	....	....	....	70
2-3	....	....	....	21
3-4	....	....	....	18
4-5	....	....	....	55
5-10	....	....	....	201
10 and over	....	....	....	10

(2) Treatment Complete—

0-1	....	....	....	338
1-2	....	....	....	340
2-3	....	....	....	119
3-4	....	....	....	48
4-5	....	....	....	168
5-10 years	....	....	....	817
10 and over	....	....	....	33
				<hr/>
				1,863
				<hr/>
Total New Cases Treated	....	....	....	2,292
Old Cases Treated	....	....	....	1,068
				<hr/>
Total	....	....	....	3,360

Table 14.—Swab Examinations:—

The following figures indicate the number of swabs examined in connection with the control of diphtheria since 1928:

Year	No. Examined	Year	No. Examined
1928	980	1941	711
1929	1,353	1942	3,509
1930	2,872	1943	3,237
1931	1,936	1944	1,546
1932	1,022	1945	1,363
1933	878	1946	856
1934	1,203	1947	520
1935	924	1948	499
1936	633	1949	406
1937	1,092	1950	450
1938	1,124	1951	423
1939	714	1952	316
1940	747	1953	286
1954	....	205	

EPIDEMIC DIARRHOEA

64 notifications were recorded during the year. This figure is a decrease of 18 from that for the previous year. It represents a morbidity rate of 0.8 per 1,000. There were 2 deaths. The main factors in the causation of this disease, one of the most serious in childhood, have been referred to repeatedly in these reports and need not be laboured again. The principal existing cause is, of course, the substitution of bottle-feeding for breast-feeding and the subsidiary causes (arising from this) are unhygienic milk production and distribution, unsuitable methods of feeding ignorance or carelessness in the preparation of feeds, insanitary surroundings and over-crowding. The dangers arising from these secondary causes can be entirely eliminated by the adoption of breast feeding. The

results obtained by distributing the figures into months and quarters (according to date of occurrence) is shewn in the sub-joined tables:—

Month	Cases	Deaths	Month	Cases	Deaths
Jan.	3	—	July	1	—
Feb.	2	—	Aug.	4	—
March	7	—	Sept.	10	1
April	3	—	Oct.	7	—
May	4	—	Nov.	11	1
June	8	—	Dec.	4	—

The distribution according to *quarters* was as follows:—

	Cases	Deaths
1st Quarter	12	—
2nd „	15	—
3rd „	15	1
4th „	22	1

Many cases of gastro-enteritis are indeed not true cases of epidemic disease but arise from dietetic indiscretions on the part of those responsible for the feeding of the infant. Cow's milk, once more, has been associated in marked degree with the incidence of the disease.

It has already been stated that 64 notifications were received. Of these one only was breast-fed. These figures speak for themselves. In conjunction with the corresponding figures for each year since 1935 they are analysed in the next table.

Table 15.—Gastro-enteritis and Method of Feeding:—

YEAR	Number of Cases according to Manner of Feeding			Cases Untraced	TOTAL
	Breast	Cow's Milk	Dried Milk		
1935	18	128	6	26	178
1936	7	198	5	16	261
1937	18	204	8	51	246
1938	14	108	5	15	142
1939	9	148	13	27	197
1940	13	202	9	62	286
1941	4	173	6	35	218
1942	11	168	24	24	227
1943	10	90	18	30	148
1944	5	128	17	29	179
1945	4	84	11	13	112
1946	2	56	4	7	69
1947	4	73	17	16	110
1948	2	45	7	10	64
1949	—	87	16	44	147
1950	1	48	15	19	83
1951	2	81	20	23	126
1952	4	84	28	20	136
1953	2	60	16	4	82
1954	1	10	53	—	64
Totals	131	2175	298	471	3075

During the period covered by this table 2,604 cases have been investigated and in 95 per cent. *artificial feeding* was the method employed. It is to be noted that these figures do not pretend to complete accuracy and since we do not know the actual number of children at risk in each year we cannot postulate the relative danger of each method of feeding but taken together, the evidence is clear enough that any child subjected to artificial feeding is greatly imperilled thereby and further it can be stated that when artificial feeding is adopted the danger is very much greater when cow's milk is employed. This, no doubt, is due to faulty methods in preparing feeds and unhygienic conditions generally in the homes. There seems to be much greater risk from cow's milk than from dried milk.

Table 16.—Epidemic Diarrhoea. Return of Cases Notified and Deaths registered, together with the Mortality, Morbidity and Case-fatality Rates arising therefrom (*expressed as decennial averages to 1940*).

YEAR	No. of Cases	Rate per 1,000 Population (Morbidity)	DEATHS		
			Number Recorded	Mortality Rate	Case Fatality Rate*
1911-20	159	2.0	50	0.6	31.2
1921-30	73	0.9	25	0.3	33.8
1931-40	184	2.4	43	0.6	23.6
1941	218	2.8	36	0.5	16.5
1942	227	2.9	52	0.7	23.0
1943	148	2.0	52	0.7	35.1
1944	179	2.4	65	0.6	36.3
1945	114	1.4	50	0.5	43.8
1946	71	1.0	19	0.2	26.7
1947	111	1.4	32	0.4	28.6
1948	64	0.8	19	0.2	28.1
1949	147	1.9	43	0.5	22.5
1950	83	1.1	19	0.2	22.8
1951	126	1.6	6	0.08	4.7
1952	136	1.6	5	0.08	3.7
1953	82	1.1	1	0.01	1.2
1954	64	0.8	2	0.02	3.1

For figures for the individual years from 1907 to 1950 the annual report for 1950 (on preceding years) may be consulted.

TYPHOID FEVER

Two cases were reported and one of Paratyphoid. They are discussed in the foreword.

Table 17.—Incidence and Case Fatality of Enteric Fever in Cork City from 1881.

PERIOD	Cases (Decennial averages 1881-1940)	Incidence (Decennial averages 1881-1940)	Deaths (Decennial averages 1881-1940)	Fatality Rates (Decennial averages 1881-1940)
1881-1890	7.35	0.97	13.3	18.1
1891-1900	82.6	1.08	12.6	17.9
1901-1910	54.3	0.69	8.4	15.0
1911-1920	55.2	0.73	5.7	18.3
1921-1930	11.6	0.15	2.1	18.1
1931-1940	2.3	0.03	0.3	13.0
1941	12	0.15	0	—
1942	0	—	0	—
1943	0	—	0	—
1944	3	0.03	0	—
1945	3	0.03	0	—
1946	0	—	0	—
1947	0	—	0	—
1948	0	—	0	—
1949	0	—	0	—
1950	0	—	0	—
1951	0	—	0	—
1952	0	—	0	—
1953	0	—	0	—
1954	2	0.02	0	—

Details for each individual year from 1881 appear in reports for 1950 and previous years.

The greatest recorded epidemic of typhoid in Cork City occurred in the year 1920, when 244 cases were recorded and 13 deaths occurred. It is believed that the actual numbers of cases and deaths were considerably larger than these figures represent. Particulars of this outbreak were published in the *Journal of Hygiene* (Vol. XXXIV. No. 2, 14th June, 1934) and was, by permission of the editors and publishers reproduced in the Annual Report of 1934. A study of the records makes it apparent that typhoid was endemic in this city for generations. There have been several major outbreaks in the past. It is only after 1928 that we note a steady and maintained fall in the incidence. There is no reason to doubt that contamination of the water was the precipitating factor since the disease ceased to be water-borne after the installation of the Candy filtration plant in 1928. Any cases which occurred since that time were sporadic and had no association with the water supply.

TYPHUS

For the twenty-fifth successive year there has been no case.

Table 18.—Incidence and Case Fatality of Typhus Fever in Cork City from 1881.

(The figures from 1881 to 1950 represent decennial averages).

YEAR	Cases	Incidence per 1,000	Deaths	Fatality Rate
1881-1890	387	4.85	31	7.70
1891-1900	48	0.64	8	15.75
1901-1910	11	0.14	8	26.13
1911-1920	4	0.04	1	22.10
1921-1930	1	0.01	—	23.30
1931-1940	—	—	—	—
1941-1950	—	—	—	—
1951	—	—	—	—
1952	—	—	—	—
1953	—	—	—	—
1954	—	—	—	—

Major outbreaks of this disease occurred in 1881 (1,406 cases), in 1882 (683 cases), in 1883 (844 cases), in 1884 (456 cases) and in 1885 (159 cases). From that year it remained endemic with a steadily declining incidence until 1929 when it finally subsided as a clinical entity. Particulars for each of the individual years covered in the above table are available in the annual reports which have appeared before this issue.

Table 19.—Yearly Summary of Infectious Diseases.

(The figures from 1881 to 1940 represent decennial averages).

YEAR	Small Pox	Typhus	Enteric Fever	Simple Contd. Fever	Scarlatina	Puerperal Fever	Diphtheria	Erysipelas	Measles	Diarrhoea
1881-1890	0.1	387	74	130	91	—	5	18	109	—
1891-1900	0.2	48	83	30	108	4	17	46	13	—
1901-1910	0.5	11	54	34	87	5	31	37	471	161
1911-1920	—	4	55	10	105	5	68	28	194	159
1921-1930	—	1	11	—	135	5	384	29	145	73
1931-1940	—	—	2	—	195	6	147	22	267	184
1941	—	—	12	—	42	1	62	29	94	218
1942	—	—	—	—	50	—	372	38	1	227
1943	—	—	—	—	76	2	326	45	6	148
1944	—	—	3	—	85	—	172	57	370	179
1945	—	—	3	—	33	—	95	20	7	114
1946	—	—	—	—	41	2	46	26	396	71
1947	—	—	—	—	63	1	18	19	41	111
1948	—	—	—	—	86	—	10	27	25	64
1949	—	—	—	—	45	—	7	15	340	147
1950	—	—	—	—	34	—	10	25	62	83
1951	—	—	—	—	31	—	6	14	36	126
1952	—	—	—	—	216	—	5	45	742	136
1953	—	—	—	—	247	—	1	12	56	82
1954	—	—	2	—	52	—	3	14	237	64

Detailed figures for each year from 1881 appear in Reports for 1950 and the previous years.

Table 20.—Other Infectious Diseases:—

Notifications during the year were as follows:—

Whooping Cough	....	....	209	(31)
Dysentry	....	....	9	(11)
Infective Hepatitis	....	....	2	(12)
Poliomyelitis	....	....	0	(3)
Cerebro Spinal Meningitis	....	....	6	(2)
Weil's Disease	....	....	1	(0)

Figures in brackets indicate corresponding notifications in the previous year.

VACCINATION

Table 21.—The figures appended herewith, which are taken from the Annual Summaries of the Registrar General, relate to the number of persons vaccinated in each locality concerned.

YEAR	CORK			DUBLIN			LIMERICK			WATERFORD		
	Births	Vaccinations	Proportion	Births	Vaccinations	Proportion	Births	Vaccinations	Proportion	Births	Vaccinations	Proportion
1936	1,921	1,833	95%	11,582	3,903	34%	975	622	64%	661	54	8%
1937	1,706	1,898	110%	11,652	3,199	27%	1,006	672	67%	696	71	10%
1938	1,761	1,532	87%	11,534	4,076	35%	1,030	579	55%	626	27	4%
1939	1,632	1,591	97%	11,384	3,051	27%	1,073	596	55%	614	16	3%
1940	1,670	1,050	63%	11,064	2,700	24%	984	601	61%	677	43	6%
1941	1,753	1,138	65%	11,305	3,412	30%	1,007	558	55%	613	30	5%
1942	1,706	1,065	62%	12,528	3,517	28%	1,115	763	68%	807	47	6%
1943	1,781	1,233	69%	12,673	2,005	15%	1,075	748	69%	737	58	7%
1944	1,712	1,272	74%	12,074	1,525	12%	1,002	856	85%	644	34	5%
1945	1,690	1,238	73%	12,508	1,170	9%	1,051	893	85%	676	25	4%
1946	1,756	343	19%	13,159	350	2%	1,055	487	37%	718	5	0.7%
1947	1,824	188	10%	13,643	241	1%	1,208	625	50%	673	—	—

Information as to vaccination is no longer available in the *Annual Summary*. Since the repeal of the Vaccination Acts by the Health Act, 1947 vaccination has fallen to negligible proportions. The actual figures for the past few years are as follows: 1948—53 ; 1949—72 ; 1950—94 ; 1951—128. Of this latter number 17 were vaccinated at the public dispensaries and 111 at the Public Health Department. 105 persons were vaccinated in 1952, of whom 102 were dealt with at the City Hall. Vaccination is now a dead letter.

The following tables relates to *public* vaccinations carried out during the past few years:—

YEAR	Public Health Dept.	Dispensaries	TOTAL
1951	111	17	128
1952	102	3	105
1953	88	2	90
1954	141	1	142

Table 22.—Particulars of Articles Disinfected during the year.

	Bed Ticks	Mat- tresses	Articles of Bedding	Articles of Wearing Apparel	Miscel- laneous Articles	Total No. of Articles	Rooms Sprayed	
							DDT	Formalin
January	—	8	42	3	46	99	15	4
February	1	23	133	19	6	182	10	18
March	—	8	85	9	—	102	52	19
April	—	16	88	42	1	147	36	14
May	—	19	98	49	12	178	31	10
June	—	23	85	16	5	129	48	32
July	—	11	69	1	2	83	31	11
August	—	9	61	—	1	71	30	32
September	—	2	12	50	1	65	24	5
October	—	18	142	26	—	186	39	21
November	—	21	111	42	—	174	75	15
December	—	9	90	84	2	185	54	21
	1	167	1016	341	76	1601	445	202

The number of rooms disinfected during the year was 188. This service is now almost entirely confined to the control of tuberculosis.

“The Chadwick battle for mains and drains is read of with surprised amusement by those few who study his life. but there is still much hard work ahead for those who believe that money spent on the prevention of disease will pay a far higher dividend than money spent on the cure of a disease already established. It is a sobering thought that a week’s fog in London can cause more deaths than were attributable to cholera in the great epidemic of 1854. The administrative mind finds it difficult, however, to see far beyond a hospital with all its elaborate mystique of diagnosis and treatment. The object of medicine must be to reduce the number of hospital beds needed in the country for the sick, not to increase them. Not only is this the right humane outlook but it is also sound practical economies.”—*Times Literary Supplement*, Oct. 6, 1953; p. 1.

Section III—Tuberculosis

The number of deaths registered during the year was 32. This is the lowest number recorded. The previous lowest (41) occurred in 1952. The tuberculosis death-rate was 0.42 per 1,000 (in comparison with 0.57 in the previous year). The tables which follow give us a statistical picture of the disease. The principal ones are three in number (23 to 25). The first of them (Table 23) deals with deaths from the *pulmonary* form of the disease only and it is necessary to stress that the figures in the third column (rates per 1,000) do not represent the tuberculosis death rate. They represent the *phthisis* death rate. (The tuberculosis death-rate is set out in Table 24).

Table 23.—Deaths and Death Rates from *Pulmonary* Tuberculosis:—

YEAR	No. of Deaths	Rate per 1,000 pop.	YEAR	No. of Deaths	Rate per 1,000 pop.
1891	295	3.93	1923	130	1.64
1892	303	4.04	1924	164	2.09
1893	314	4.18	1925	134	1.71
1894	296	3.94	1926	126	1.60
1895	261	3.48	1927	129	1.60
1896	299	3.98	1928	109	1.39
1897	260	3.46	1929	141	1.79
1898	283	3.77	1930	117	1.45
1899	320	4.26	1931	124	1.56
1900	281	3.74	1932	111	1.40
1901	289	3.80	1933	106	1.35
1902	287	3.79	1934	107	1.34
1903	279	3.67	1935	115	1.46
1904	352	4.63	1936	85	1.06
1905	294	3.86	1937	96	1.20
1906	261	3.43	1938	99	1.21
1907	278	3.65	1939	86	1.06
1908	245	3.22	1940	96	1.17
1909	264	3.47	1941	86	1.12
1910	233	3.06	1942	106	1.38
1911	252	3.29	1943	107	1.38
1912	231	3.01	1944	118	1.56
1913	202	2.62	1945	86	1.13
1914	231	3.01	1946	79	1.04
1915	211	2.88	1947	126	1.67
1916	189	2.46	1948	81	1.07
1917	202	2.63	1949	69	0.90
1918	187	2.43	1950	66	0.87
1919	156	2.04	1951	41	0.54
1920	159	2.07	1952	34	0.45
1921	125	1.64	1953	29	0.38
1922	176	2.30	1954	29	0.38

In Table 24 the combined figures for pulmonary and non-pulmonary deaths are set out. The combined rate represents the figure generally utilised for comparative purposes.

* Based on Census of Population 1951, previous figures on Census of 1946 (which yield a higher population).

Table 24.—Combined Deaths and Death Rates from *Pulmonary and Non-Pulmonary* Tuberculosis:—

YEAR	Pulmonary Deaths	Non. pulmonary Deaths	TOTAL	Rate per 1,000 pop.
1906	261	81	342	4.49
1907	278	84	362	4.74
1908	245	93	338	4.42
1909	264	78	342	4.47
1910	233	75	308	4.01
1911	252	73	325	4.23
1912	231	71	302	3.92
1913	202	79	281	3.64
1914	231	79	310	4.02
1915	211	72	383	3.66
1916	189	69	258	3.33
1917	202	78	280	3.61
1918	187	75	262	3.37
1919	156	58	214	2.75
1920	159	46	205	2.64
1921	125	34	159	2.03
1922	176	39	215	2.75
1923	130	32	162	2.05
1924	164	32	196	2.50
1925	134	31	165	2.10
1926	126	46	172	2.18
1927	129	35	164	2.08
1928	109	29	138	1.74
1929	141	17	158	2.00
1930	117	25	142	1.78
1931	124	46	170	2.13
1932	111	45	156	1.95
1933	106	19	125	1.56
1934	107	21	128	1.59
1935	115	29	144	1.78
1936	85	20	105	1.29
1937	96	24	120	1.48
1938	99	13	112	1.38
1939	86	14	100	1.23
1940	96	29	125	1.54
1941	86	20	106	1.38
1942	106	19	125	1.57
1943	107	23	130	1.69
1944	118	27	145	1.92
1945	86	29	115	1.52
1946	79	22	101	1.34
1947	126	21	147	1.95
1948	81	16	97	1.15
1949	69	14	83	1.10
1950	66	11	77	1.00
1951	41	9	50	0.66
1952	34	7	41	0.55
1953	29	14	43	0.57
1954	29	3	32	0.42

The figures for *non-pulmonary* tuberculosis are set out in Table 25. It will be noted that they do not extend farther back than 1906, which is the earliest year for which figures for this form of the disease are available. On the other hand figures for *pulmonary* tuberculosis go back to 1891.

Table 25.—Deaths and Death Rates from *Non-Pulmonary Tuberculosis*:—

YEAR	No. of Deaths	Rate per 1,000 pop.	YEAR	No. of Deaths	Rate per 1,000 pop.
1906	81	1.06	1931	46	0.57
1907	84	1.10	1932	45	0.44
1908	93	1.08	1933	19	0.24
1909	78	1.02	1934	21	0.25
1910	75	0.97	1935	29	0.36
1911	73	0.95	1936	20	0.25
1912	71	0.92	1937	24	0.29
1913	79	1.02	1938	13	0.16
1914	79	1.02	1939	14	0.17
1915	72	0.93	1940	29	0.35
1916	69	0.89	1941	20	0.26
1917	78	1.00	1942	19	0.24
1918	75	0.96	1943	23	0.30
1919	58	0.74	1944	27	0.35
1920	46	0.59	1945	29	0.38
1921	34	0.43	1946	22	0.29
1922	39	0.50	1947	21	0.29
1923	32	0.40	1948	16	0.21
1924	32	0.40	1949	14	0.17
1925	31	0.39	1950	11	0.10
1926	46	0.58	1951	9	0.10
1927	35	0.44	1952	7	0.10
1928	29	0.36	1953	14	0.20
1929	17	0.21	1954	3	0.04
1930	25	0.31			

The selective effect of age on mortality from pulmonary tuberculosis has been as marked as in previous years. An attempt has been made to present this feature in the tables which follow. In Table 27 we note that the figures for a period of twenty-nine years yield a total of 2,697 deaths which have been sub-divided into age and sex groups and which exhibit a slight excess of males over females (1,448 as compared with 1,249). There is a very steep rise in mortality after the 15-year group has been passed, with a further increase in 25/35 group, a slight decline in the 35/45 group and then a sharp decline. This is a fairly typical picture and we note, too, that at all ages from 15 to 35 years there is a definite excess of female deaths. Thereafter there is a substantial excess in the number of male deaths.

The following table (taken from the Annual Report of the Registrar General for 1950) is of interest in showing the effect of standardisation on the crude death rate from tuberculosis and also percentage decrease in deaths in the different areas. Only the county boroughs have been extracted.

Table 26.—Annual average death rates from all forms of Tuberculosis per 1,000 population in each County Borough, 1925/27 and 1948/50.

County Borough	Crude Rate per 1,000 Population			Standardised Rate per 1,000 Population		
	1925/27	1948/50	Percentage Decrease	1925/27	1948/50	Percentage Decrease
Dublin	2.03	1.13	44.3	1.95	1.11	43.1
Cork	2.23	1.16	48.0	2.14	1.15	46.3
Limerick	1.69	1.21	28.4	1.62	1.22	24.7
Waterford	1.98	1.37	30.8	1.95	1.39	28.7
Whole Country	1.50	0.92	38.7	1.51	0.92	39.4

Table 27.—Deaths from *Pulmonary Tuberculosis* distributed according to sex and age groups:

Year	Sex	All Ages	Under 1 year	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65 and over
1926-30	M	299	2	6	7	61	71	80	47	17	8
	F	325	—	6	16	75	96	67	38	18	9
1931-35	M	283	1	2	3	43	77	76	57	20	4
	F	272	—	2	10	72	80	54	36	15	3
1936-40	M	266	—	—	3	50	48	65	63	31	6
	F	193	1	1	4	43	49	47	26	19	3
1941	M	46	—	—	—	8	11	12	9	6	—
	F	42	—	—	—	5	10	14	9	4	—
1942	M	61	—	—	1	9	13	12	16	5	5
	F	45	—	—	1	17	10	7	6	4	—
1943	M	61	—	1	—	4	15	14	14	9	4
	F	46	—	—	2	15	10	8	3	6	2
1944	M	61	—	1	—	12	9	16	11	7	5
	F	57	1	—	1	13	20	8	4	8	2
1945	M	45	—	1	1	7	9	8	8	7	4
	F	41	—	—	2	6	15	7	6	1	4
1946	M	44	—	—	2	1	4	12	15	6	4
	F	35	—	—	3	10	7	9	3	2	1
1947	M	60	1	2	1	7	7	13	15	10	4
	F	66	—	—	2	16	16	16	8	4	4
1948	M	51	—	—	—	5	14	10	15	5	2
	F	30	—	1	—	7	8	8	3	1	2
1949	M	31	1	—	—	4	4	5	11	4	2
	F	38	—	2	3	7	9	4	8	5	—
1950	M	41	—	—	—	4	4	11	6	13	3
	F	25	—	—	—	3	11	2	3	4	2
1951	M	31	—	—	—	6	2	8	7	5	3
	F	10	—	—	—	2	1	2	3	1	1
1952	M	27	—	—	—	—	2	7	5	10	3
	F	7	—	—	—	1	—	3	—	2	1
1953	M	22	—	—	—	1	4	4	5	4	4
	F	7	—	—	—	2	2	—	1	—	2
1954	M	19	—	—	—	2	2	1	5	6	3
	F	10	—	—	1	—	—	1	3	1	4
Totals	M	1448	5	13	18	224	296	354	309	165	64
	F	1249	2	12	45	294	344	257	160	95	40
Persons		2697	7	25	63	518	640	611	469	260	104

The causes of the increased deaths noted in previous years were again examined. So far as the figures for the current year are concerned little can be added to the remarks made in the appropriate reports. Once again the great bulk of deaths occur in the age-group between 15 and 45 years. This tendency has prevailed for many years as will be seen in Table 27. The actual figures for the last eighteen years are as follows. These figures refer to *pulmonary* deaths only.

	15/25	25/35	35/45	45/55	55/65
1937	19	19	24	17	13
1938	16	27	23	24	6
1939	21	10	19	22	10
1940	24	22	24	13	10
1941	13	21	26	18	10
1942	26	23	19	22	9
1943	19	25	22	17	15
1944	25	29	24	15	15
1945	13	24	15	14	8
1946	11	11	21	18	8
1947	23	23	29	23	14
1948	12	22	18	18	6
1949	11	13	9	19	9
1950	7	15	13	9	17
1951	8	3	10	10	6
1952	1	2	10	5	12
1953	3	6	4	6	4
1954	2	2	2	8	7

In the following table these age-groups have been sub-divided into the sexes:

Year	15/25		25/35		35/45		45/55		55/65	
	M	F	M	F	M	F	M	F	M	F
1944	12	13	9	20	16	8	11	4	7	8
1945	7	6	9	15	8	7	8	6	7	1
1946	1	10	4	7	12	9	15	3	6	2
1947	7	16	7	16	13	16	15	8	10	4
1948	5	7	14	8	10	8	15	3	5	1
1949	4	7	4	9	5	4	11	8	4	5
1950	4	3	4	11	11	2	6	3	13	4
1951	6	2	2	1	8	2	7	3	5	1
1952	0	1	2	0	7	3	5	0	10	2
1953	1	2	4	2	4	0	5	1	4	—
Av'age	4.7	6.7	5.9	8.9	9.4	5.9	9.8	3.9	7.1	3.2
1954	2	0	2	0	1	1	5	3	6	1

Table 28.—Deaths from *Non-Pulmonary* Tuberculosis arranged into sex and age-groups:

Year	Sex	All Ages	Under 1 year	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65 and over
1932	M	55	7	17	5	10	3	8	4	1	—
'35	F	50	5	10	10	4	8	6	4	3	—
1936-40	M	54	3	19	7	5	7	3	5	4	1
	F	46	6	12	7	5	3	5	2	1	5
1941	M	11	1	1	3	2	3	1	—	—	—
	F	9	1	2	1	2	—	1	—	—	2
1942	M	8	1	3	1	—	1	—	1	—	1
	F	11	2	3	1	2	—	—	1	1	1
1943	M	13	3	4	1	4	1	—	—	—	—
	F	10	—	5	2	1	—	1	—	—	1
1944	M	10	2	6	1	—	—	—	—	—	1
	F	17	2	4	4	1	—	1	2	2	1
1945	M	19	2	5	6	3	1	—	—	1	1
	F	10	1	2	3	3	—	—	—	—	1
1946	M	12	2	3	3	—	—	1	—	3	—
	F	10	—	2	1	2	2	—	2	—	1
1947	M	12	1	2	4	1	1	1	—	—	2
	F	9	—	1	—	2	2	—	—	2	2
1948	M	9	—	5	1	2	—	—	1	—	—
	F	7	1	3	—	2	—	1	—	—	—
1949	M	3	1	1	1	—	—	—	—	—	—
	F	11	3	2	4	—	1	—	—	—	1
1950	M	6	1	5	—	—	—	—	—	—	—
	F	5	—	1	3	—	—	—	—	1	—
1951	M	4	—	4	—	—	—	—	—	—	—
	F	5	—	2	1	1	—	1	—	—	—
1952	M	5	2	1	—	—	1	—	—	1	—
	F	2	1	—	—	—	—	—	—	1	—
1953	M	9	—	—	1	3	2	1	1	1	—
	F	5	—	—	1	—	1	—	2	—	1
1954	M	2	—	1	—	—	—	—	1	—	—
	F	1	—	—	—	—	—	—	1	—	—
Totals	M	232	26	77	34	30	20	15	13	11	6
	F	208	22	49	38	25	17	16	14	11	16
Persons		440	48	126	72	55	37	31	27	22	22

Table 29.—Classification of Deaths from *Non-Pulmonary* Tuberculosis:

Cause of Death	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	Totals
Meningitis	20	21	10	12	10	12	8	6	15	9	10	16	11	15	7	12	12	11	7	9	4	2	1	240
Peritonitis	4	4	—	3	3	2	—	3	7	2	2	2	1	4	6	1	—	1	1	—	—	2	1	49
Bones and Joints	4	3	2	4	4	4	2	1	2	5	1	1	7	4	7	6	1	2	2	—	1	3	—	66
Genito-urinary	3	1	1	1	—	—	—	1	2	2	2	—	—	2	1	1	—	—	—	—	1	3	—	21
Abdominal	4	—	—	3	2	2	—	1	—	1	1	1	2	2	—	1	3	—	1	—	—	—	—	24
Generalised Tuberculosis	6	—	5	3	—	1	2	1	—	1	1	—	2	1	—	—	—	—	—	—	—	4	—	27
Glands	—	1	2	—	1	1	—	—	1	—	—	1	—	1	—	—	—	—	—	—	—	—	—	8
Addison's Disease	—	—	1	2	—	2	—	1	1	—	2	—	2	—	—	—	—	—	—	—	1	—	—	12
Skin	2	—	—	—	—	—	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	5
Miscellaneous	2	—	—	1	—	—	—	—	—	—	—	1	2	—	1	—	—	—	—	—	—	—	1	8
TOTALS	45	30	21	29	20	24	13	14	29	20	19	23	27	29	22	21	16	14	11	9	7	14	3	460

Tuberculous meningitis is almost invariably of human origin. With the exception of glandular disease and, possibly, abdominal tuberculosis most of the conditions listed in Table 29 may be said to be of haematogenous origin and due, in the first instance, to pulmonary infection of human origin. It would seem clear, therefore, that the control of the human carrier or case must be the prime consideration in the attack on tuberculosis.

Table 30.—Non-pulmonary tuberculosis. Analysis of certified deaths, shewing same distributed into sex and age-groups, from 1932 to 1954 (inclusive):

Cause of Death	Sex	All Ages	Under 1 yr.	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65 and over
Meningitis	M	112	16	56	18	16	3	3	1	—	—
	F	108	16	39	28	12	6	4	1	—	1
Peritonitis	M	28	4	10	6	2	1	3	—	1	—
	F	21	2	4	3	1	1	4	3	—	2
Bone and joint	M	29	—	2	5	4	5	4	1	6	2
	F	37	—	1	7	6	5	2	3	5	8
Genito-urinary	M	17	—	—	—	2	6	3	3	2	1
	F	4	—	—	—	—	1	1	2	—	—
Abdominal	M	11	—	4	1	1	2	—	2	1	—
	F	13	3	2	—	1	1	1	—	2	1
Generalised Tuberculosis	M	18	3	4	2	4	2	2	1	—	1
	F	10	1	1	1	2	3	1	1	1	—
Supra-renal Gland	M	6	—	—	—	1	1	—	2	1	1
	F	7	—	—	—	—	—	1	2	2	2
Miscellaneous	M	9	3	1	1	—	—	—	3	—	1
	F	12	—	2	—	3	—	2	2	1	2
TOTALS	M	232	26	77	34	30	20	15	13	11	6
	F	208	22	49	38	25	17	16	14	11	16
PERSONS		440	48	126	72	55	37	31	27	22	22

Table 31.—Proportion of deaths from Tuberculosis (*all forms*) to deaths from all causes in 1953:

Age Group	No. of Deaths (<i>all causes</i>)	Deaths from Tuberculosis	Proportion
0/1	34	0	0 per cent.
1/5	8	1	12.5 "
5/15	6	1	16.6 "
15/25	12	2	16.6 "
25/35	10	2	20.0 "
35/45	29	2	6.9 "
45/55	83	10	12.0 "
55/65	166	7	4.2 "
65 and over	521	7	1.3 "
TOTALS	869	32	3.7 "

Table 31 was computed for the first time for the year 1945. Some points emerge. In the first place it would appear that the proportions are subject to considerable fluctuation from year to year in the various age-groups and secondly that the proportion of deaths from tuberculosis to all deaths has been tending, for many years, to fall. In the quinquennium 1906–1910 the ratio was over 20 per cent. It has fallen steadily from that time. The ratio for the past ten years is shewn in the following table:—

Age Groups	Ratio of Deaths from Tuberculosis (<i>all forms</i>) to all Deaths (expressed as percentages)									
	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
0/1	1.9	1.8	1.2	1.1	3.8	1.2	—	4.0	—	—
1/5	34.7	20.8	22.7	34.7	19.2	35.3	25.4	5.5	—	12.5
5/15	46.1	52.9	41.1	15.3	40.0	27.2	16.6	—	28.5	16.6
15/25	54.3	44.8	74.2	59.2	61.1	43.7	50.0	11.1	37.5	15.4
25/35	62.5	36.1	60.4	64.7	46.6	50.0	15.7	37.5	38.0	20.0
35/45	30.0	32.8	40.5	30.5	21.9	31.0	26.2	29.4	15.1	6.9
45/55	14.1	21.2	20.5	19.2	22.3	12.6	13.0	7.3	9.8	12.0
55/65	4.9	6.6	17.7	11.2	5.7	10.0	3.6	9.9	3.2	4.2
65 and over	2.4	2.4	1.9	1.5	2.3	0.9	0.7	0.8	1.3	1.3
<i>All Ages</i>	10.4	9.7	11.5	9.7	7.9	7.6	5.0	4.7	4.8	3.7

The ratio 3.7 per cent. for 1954 is the lowest ever recorded. In 1893 the number of recorded deaths from *pulmonary* tuberculosis was 17 per cent. of the total deaths, and excepting the year 1924 when this ratio rose to 21.4 per cent. it has fallen more or less steadily ever since. Apart from the year 1893, there were three occasions on which the ratio either reached or slightly exceeded 17 per cent. These were the years 1905–07 inclusive. During 1938–40 and again in the war years from 1942 to 1944, the ratio was slightly over 8 per cent. When computing this ratio in the case of deaths from *all forms* of tuberculosis a picture was produced which differs only in detail from that of the *pulmonary* form of the disease. As mentioned above combined figures are available only from 1906 and in that year the highest ratio (25.3 per cent.) was recorded.

The findings presented in these two tables represent the proportion of all deaths occurring which are due to tuberculosis, but they do not tell us the exact risk to which each age-group is exposed. Much, of course, depends on the number of persons in each group and it remains but to work out the actual death-rate in the individual groups by comparing the number of deaths with the number of persons in each group. The following table was compiled from the age and sex grouping set out in the Census Report for 1951 and shows the death-rate from tuberculosis in the various groups.

Table 32.—Deaths from Tuberculosis (*all forms*) divided into age and sex groups with the *rates per 1,000 in each group*, for the year.

Age Group	MALES			FEMALES			PERSONS		
	Number in Group	Deaths	Rate per 1,000	Number in Group	Deaths	Rate per 1,000	Number in Group	Deaths	Rate per 1,000
0/1	817	0	—	792	0	—	1609	0	—
1/5	3021	1	0.33	2970	0	—	5991	1	0.17
5/15	6700	0	—	6473	1	0.15	13,173	1	0.07
15/25	5929	2	0.33	6514	0	—	12,443	2	0.16
25/35	4796	2	0.41	5759	0	—	10,555	2	0.18
35/45	4263	1	0.23	5269	1	0.19	9532	2	0.21
45/55	3737	6	1.60	4448	4	0.90	8185	10	1.22
55/65	2599	6	2.31	3539	1	0.28	6138	7	1.12
65 and over	2853	3	1.05	4088	4	0.98	6941	7	1.00
TOTALS	34,715	21	0.60	39,852	11	0.28	74,567	32	0.42

Table 33.—Deaths from tuberculosis (*all forms*) expressed as rates per 1,000 in each age-group. (Based on the Register of Population 1941 and the Census returns of 1946 and 1951):

Year	Under 1 year	1 to 5 years	5 to 15 years	15 to 25 years	25 to 35 years	35 to 45 years	45 to 55 years	55 to 65 years	65 and over
1944	3.25	1.84	0.42	1.83	2.61	2.62	2.23	2.57	1.32
1945	1.95	1.34	0.84	1.39	2.17	1.57	1.84	1.36	1.59
1946	1.18	0.89	0.64	0.98	1.20	2.39	2.58	1.89	0.89
1947	1.18	0.89	0.50	1.96	2.40	3.11	2.96	2.52	1.49
1948	0.59	1.60	0.07	1.96	2.03	2.18	2.45	0.94	0.60
1949	2.96	0.88	0.57	0.83	1.29	0.96	2.45	1.41	0.45
1950	0.59	1.07	0.21	0.53	1.38	1.39	1.16	2.83	0.75
1951	0.00	0.07	0.67	0.27	1.17	1.28	0.94	0.56	0.66
1952	1.86	0.17	0.00	0.08	0.29	1.05	0.61	2.28	0.58
1953	—	—	0.15	0.48	0.85	0.52	1.10	0.81	1.00
Avg. Rate	1.35	0.87	0.41	1.03	1.53	1.70	1.81	1.72	0.93
1954	—	0.17	0.07	0.16	0.18	0.21	1.22	1.12	1.00

TUBERCULIN TESTING AND BCG VACCINATION

This service was carried out under the aegis of the National BCG Committee, and the work done is summarised in the following table.

Table 34.—Return of cases submitted to Tuberculin Test and BCG Vaccination during the year:

AGE GROUPS	No. Tested*	No. Positive	% Positive	No. Vaccinated
0-5	266	60	22.6%	206
5-10	1,328	686	51.7%	642
10-15	926	698	75.4%	228
15-20	535	466	87.1%	69
20-25	416	382	91.8%	34
25-30	250	244	97.6%	6
30-40	276	274	99.2%	2
40-50	150	150	100%	—
50 and over	45	45	100%	—
TOTAL	4,192	3,005	71.7%	1,187

*This figure does not actually represent the total number tested. In addition 369 persons of various ages failed to return for reading or vaccination.

We are indebted to the National BCG Committee (and in particular to Dr. Cowell, Medical Director) for the unvarying courtesy and co-operation which they have extended to us during the past year and, indeed, ever since BCG vaccination was introduced to this country. Dr. R. Martin, the BCG Vaccination Officer for this area, also, is deserving of a special meed of praise for the zealous and enthusiastic way in which he has carried out this very important work.

As Dr. Galston says, "We know that misery, deprivation, poverty, overwork, always have been reflected in a rise of the tuberculosis mortality." He argues that tuberculosis is primarily "a state of being" and only derivatively a disease. The tubercle bacillus is always with us, but whether it can prevail against man and produce disease, or remain in some form of symbiotic balance, depends on man's state of being—which in turn depends on "man's own knowledge, awareness, conscience and wisdom—how, in a word, he manages his social and individual affairs." DR. IAGO GALSTON. *Lecture to Michigan Tuberculosis Association*, June, 1952 (Quoted *The Lancet*, 26th November, 1953).

Table 35.—Tuberculosis (*all forms*). Comparative Statement of annual crude death rates.

Year	Eire	Cork	Dublin	Limerick	Waterford
1936	1.17	1.29	1.59	1.40	1.57
1937	1.23	1.48	1.59	1.49	1.57
1938	1.09	1.38	1.47	1.10	1.32
1939	1.13	1.23	1.48	1.27	1.25
1940	1.25	1.54	1.63	2.05	1.43
1941	1.24	1.38	1.56	1.58	1.40
1942	1.47	1.57	1.90	2.12	1.65
1943	1.46	1.69	1.84	1.95	1.86
1944	1.34	1.92	1.60	2.10	1.40
1945	1.20	1.52	1.60	1.80	1.80
1946	1.10	1.34	1.50	2.00	1.80
1947	1.20	1.95	1.60	1.80	1.80
1948	1.04	1.15	1.30	1.10	1.60
1949	0.9	1.10	1.00	1.50	0.80
1950	0.8	1.00	0.90	1.00	1.70
1951	0.7	0.66	0.80	1.10	1.20
1952	0.5	0.55	0.58	0.78	0.83
1953	0.4	0.57	0.53	0.41	0.62
1954	0.3*	0.42	0.45*	0.72*	0.34*

* These figures are computed from the Annual *Summary* of the Registrar General and are subject to correction.

NEW CASES

The number of new cases received during the year was 213. Before 1930 such notifications were for the period from the 1st April to 31st March following:

1925-26	....	....	110	1940	....	....	114
1926-27	....	....	108	1941	....	....	173
1927-28	....	....	73	1942	....	....	159
1928-29	....	....	116	1943	....	....	173
1929-30	....	....	179	1944	....	....	161
1930 (April-Dec.)	....	....	133	1945	....	....	169
1931	....	....	196	1946	....	....	183
1932	....	....	136	1947	....	....	183
1933	....	....	164	1948	....	....	174
1934	....	....	112	1949	....	....	163
1935	....	....	154	1950	....	....	195
1936	....	....	154	1951	....	....	244
1937	....	....	166	1952	....	....	288
1938	....	....	147	1953	....	....	234
1939	....	....	128	1954	....	....	213

Table 36.—New Cases of Tuberculosis distributed according to Sex and Age. (Figures expressed as Yearly Average for the period 1931–1940):—

Period	Total	Sex	All Ages	Under 5 yrs	5–15	15–45	45–60	60 and up
1931–40	147	M	76	5	11	43	14	3
		F	71	4	10	48	16	3
1941	173	M	90	8	13	48	19	2
		F	83	8	14	51	7	3
1942	159	M	80	8	13	43	16	—
		F	79	3	18	48	6	4
1943	173	M	83	1	14	45	14	9
		F	90	1	10	66	10	3
1944	161	M	76	2	10	38	16	10
		F	85	6	18	50	3	8
1945	169	M	78	6	15	38	16	3
		F	91	7	14	56	6	8
1946	183	M	89	3	18	46	13	9
		F	94	5	11	71	6	1
1947	183	M	87	8	16	39	18	6
		F	96	7	13	60	13	3
1948	174	M	86	2	13	54	14	3
		F	88	9	14	57	4	4
1949	163	M	98	9	18	57	7	7
		F	65	4	16	37	6	2
1950	195	M	95	18	19	34	17	7
		F	100	7	16	66	8	3
1951	244	M	131	20	20	65	22	4
		F	113	15	13	73	6	6
1952	288	M	159	22	19	76	26	16
		F	129	20	23	71	14	1
1953	234	M	124	14	21	66	14	9
		F	110	18	19	57	11	5
1954	213	M	98	12	14	41	21	10
		F	115	23	14	63	7	8

EXAMINATION OF CONTACTS

Age	Number Examined	Cases Detected	Proportion
0–5	37	4	11.0 per cent.
5–10	87	—	—
10–20	79	4	0.5 „
20–30	76	6	8.0 „
30–40	54	1	2.0 „
40–50	70	3	4.0 „
50 and over	51	1	2.0 „
Total	454	19	4 „

The number of visits made by the Tuberculosis Nurses to homes of patients during the year was as follows:—

1st Quarter	....	....	....	345
2nd ,,	....	....	....	492
3rd ,,	....	....	....	457
4th ,,	....	....	....	557
TOTAL				1,851

SPUTUM EXAMINATIONS

Examination of specimens of sputum is carried out in the laboratory attached to the Tuberculosis Clinic. 648 such specimens were examined during the past year, of which 112 were found to contain tubercle bacilli while 536 were negative. Of the 648 specimens examined 84 were submitted by medical practitioners. The following table shows the number of specimens examined, and the results obtained since 1931:

Year	Total	Positive	Negative
1931	375	90	285
1932	440	94	346
1933	502	118	384
1934	519	121	398
1935	512	94	418
1936	467	93	374
1937	511	73	438
1938	336	49	287
1939	228	51	177
1940	336	88	248
1941	276	68	208
1942	295	81	214
1943	277	61	216
1944	325	67	258
1945	321	87	234
1946	325	116	209
1947	435	121	314
1948	392	106	286
1949	380	114	266
1950	568	153	415
1951	704	209	495
1952	791	170	621
1953	663	110	553
1954	648	112	536
TOTALS	10,626	2,446	8,180

All the examinations recorded in the above table were made by the ordinary Ziehl-Nielson staining method as routine; 559 of them were, in addition, examined by the method of digestion with caustic soda at body temperature, centrifugalisation and culture on Lowenstein's medium. 91 of these 559 specimens yielded positive results.

Table 37.—Numbers and Results of *Cultural Examinations* of Sputum:

Year	Number	Positive	Negative
1945	30	3	27
1946	53	14	39
1947	32	2	30
1948	30	4	26
1949	94	16	78
1950	291	62	229
1951	595	152	443
1952	651	125	526
1953	556	97	459
1954	559	91	468

CLASSIFICATION OF NEW CASES

This classification is based on the standards adopted at a conference of Tuberculosis Officers held in Dublin in 1944. Cases are graded, in the first instance, into those which are sputum negative and sputum positive. The latter are further sub-divided into grades corresponding to those previously recognised.

Table 38.—Classification of new cases examined at the Chest Clinic (expressed as *percentages* of the total number examined each year):

YEAR	<i>Sputum Negative</i>	<i>Sputum Positive</i>		
		Stage I.	Stage II.	Stage III.
1944	20	4	12	64
1945	13	4	34	49
1946	10	3	40	47
1947	7	12	40	41
1948	8	15	47	30
1949	7	7	46	40
1950	3	23	59	15
1951	1	20	68	11
1952	5	27	50	18
1953	2	25	42	31
1954	10	20	42	28

The following table, which is introduced for comparative purposes, gives the corresponding proportions for previous years.

Table 39.—Showing the proportion of early, moderately advanced, and advanced cases attending the Tuberculosis Clinic for the first time (expressed as percentages) (1930 to 1943):—

TYPE	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943
Stage I. (Early)	15	8	9	6	14	13	6	9	5	8	6	3	4	9
Stage II. (Moderately advanced)	36	50	38	39	28	30	43	38	33	32	44	46	34	44
Stage III. (Advanced)	49	42	53	55	58	57	51	53	62	60	50	51	62	47

COLLAPSE THERAPY

During the year, twelve patients received 213 refills for artificial pneumothorax and seven patients received 59 refills for artificial pneumoperitoneum. Three patients are, at present, undergoing artificial pneumothorax treatment.

X-RAY EXAMINATION

All the cases that come for chest examination are screened. 1,990 films for cases attending the dispensary were obtained on the recommendation of the Tuberculosis Officer.

The number of screen examinations made during the year was 1025

YEAR	X-ray Examinations	Screen Examinations
1943	88	253
1944	71	643
1945	92	952
1946	98	881
1947	74	931
1948	89	888
1949	268	956
1950	756	1032
1951	1145	1275
1952	1536	1388
1953	1488	1104
1954	1990	1025

The average number of X-ray examinations carried out each year from 1930 to 1942 was 98.

ADMINISTRATION

The routine administrative work of the Tuberculosis Dispensary is summarised in the following paragraphs:

New cases examined—

Adults	....	946
Children	....	322
		<hr/>
TOTAL	....	1268

New cases found to be suffering from tuberculosis:

Adults	....	149
Children	....	64
		<hr/>
TOTAL	....	213

INSTITUTIONAL TREATMENT

In the tables which follow statistical details are given of the various institutions which have been utilised for the treatment of our cases during the past year. Early and moderately early cases of pulmonary disease have, almost all, been referred to the Cork Sanatorium at Heatherside.

Table 40.—Particulars of Institutional Treatment afforded during the year:

	Under treatment 1st Jan.	New Cases Admitted	Cases Dis- charged	Under treatment 31st Dec.	Cases treated during year
SANATORIA					
Males	80	61	69	72	141
Females	53	37	53	37	90
TOTAL	133	98	122	109	231
ST. PATRICK'S HOSPITAL					
Males	5	20	17	8	25
Females	9	12	15	6	21
Children	—	—	—	—	—
TOTAL	14	32	32	14	46
ST. JOSEPH'S HOSP.					
Males	8	15	14	9	23
Females	8	31	28	11	39
Children	—	—	—	—	—
TOTAL	16	46	42	20	62
ST. FINBARR'S HOSPITAL					
Males	15	33	36	12	48
Females	6	16	20	2	22
Children	6	13	16	3	19
TOTAL	27	62	72	17	89
NORTH INFIRMARY					
Males	—	2	2	—	2
Females	—	6	6	—	6
Children	—	3	3	—	3
TOTAL	—	11	11	—	11
SOUTH INFIRMARY					
Males	—	2	2	—	2
Females	—	2	2	—	2
Children	—	18	18	—	18
TOTAL	—	22	22	—	22
MERCY HOSPITAL					
Males	—	2	2	—	2
Females	—	1	1	—	1
Children	—	6	6	—	6
TOTAL	—	9	9	—	9
VICTORIA HOSP.					
Females	—	2	1	1	2
Children	6	22	28	—	28
TOTAL	6	24	29	1	30
ST. MARY'S CAPPAGH					
Children	—	—	—	—	—
St. JOSEPH'S, COOLE					
Children	1	—	—	1	1
ST. RAPHAEL'S PREVENTORIUM					
Children	12	12	12	12	24
FOYNES	1	3	4	—	4

Under the title "Sanatoria" are included Mallow Chest Hospital, St. Colman's Hospital, Macroom, St. Fachtna's Hospital, Skibbereen, St. Brendan's Hospital, Millstreet, and St. Michael's Hospital, Glanmire. These hospitals have come under the administrative authority and medical staff of the Sanatorium during the past few years and have, with extensions to Heatherside, provided a considerable number of beds. The increase in bed complement was made necessary by the demand for Sanatorium beds and has very greatly helped in the problem of placing patients for expert management. The growth of this composite institution may be studied by examining the number of patient days spent there over the years in the following figures (kindly supplied by Mr. D. O'Donovan, Secretary, Cork Sanatoria Board):

Year ended 31st March	Patient Days
1941	5,246
1942	6,670
1943	5,689
1944	5,459
1945	8,610
1946	8,529
1947	12,354
1948	11,241
1949	20,341
1950	32,998
1951	36,750
1952	40,734
1953	41,228
1954	42,071

The distribution of these cases (according to "patient days") for 1954 was as follows:

Heatherside Sanatorium	....	....	....	19,102
Mallow Chest Hospital	....	....	....	13,636
St. Fachtna's Hospital, Skibbereen	....	....	....	400
St. Colman's Hospital, Macroom	....	....	....	788
St. Brendan's Hospital, Millstreet	....	....	....	2,140
St. Michael's Hospital, Lota	....	....	....	6,005
				<hr/> 42,071

These figures relate to Cork City Patients only.

Table 41.—Patients admitted to St. Finbarr's Hospital for treatment of tuberculosis:

Year	Adults	Children	Total
1938	66	15	81
1939	31	6	37
1940	39	5	44
1941	34	10	44
1942	41	11	52
1943	41	10	51
1944	44	21	65
1945	48	12	60
1946	57	10	67
1947	53	13	66
1948	55	16	71
1949	7	3	10
1950	74	25	99
1951	74	14	88
1952	55	26	81
1953	39	19	58
1954	49	13	62

Table 42.—Admission of Children to St. Raphael's Preventorium (opened in 1948):

1948	....	10
1949	....	8
1950	....	14
1951	....	24
1952	....	7
1953	....	13
1954	....	12

Table 43.—Return of number of patients treated under the Tuberculosis Scheme, during the year ended 31st December, 1954:

	Pulmonary Tuberculosis			Non-Pulmonary Tuberculosis			Total
	Children under 15 years	Other Persons		Children under 15 years	Other Persons		
		Males	Females		Males	Females	
(i) No. remaining under treatment							
(a) On 1st Jan., 1954	63*	267	232	60	51	43	716
(b) On 31st Dec., 1954	44†	248	195	42	20	29	578
(ii) No. of new patients treated during year	35‡	70	61	28	5	14	213
(iii) No. of cases under observation at close of year 1954	4	3	4	2	1	1	15

* Including 60 cases of primary tuberculosis.

† Including 42 cases of primary tuberculosis.

‡ Including 33 cases of primary tuberculosis.

PROVISION OF EXTRA NOURISHMENT, CLOTHING, Etc.

Sec. 4 of the Health Services (Financial Provisions) Act, 1947, provides for certain benefits for necessitous cases as follows:—

- Free allowance of extra nourishment in the form of eggs, butter and milk to patients while they are awaiting admission to institutions or following discharge after an approved term of institutional treatment. Allowance per patient not to exceed: 3½ pints of milk, ½-lb. of butter, 7 eggs per week.
- A separate bed and, where necessary, bedding for infective patients receiving domiciliary or dispensary treatment.
- Suitable clothing if such be necessary for patient to derive the full benefit of treatment.

In Table 44 are set out the number of persons who have benefited under this scheme and the amount of money which has been expended in connection with it.

Table 44.—Provision of Extra Nourishment, Clothing, etc., in connection with the National Tuberculosis Grant. Particulars of persons benefiting and amount expended in connection with same:

YEAR	EXTRA NOURISHMENT		CLOTHING		BEDS AND BEDDING		TOTAL		
	Persons	Cost	Persons	Cost	Persons	Cost	Cost		
		£ s. d.		£ s. d.		£ s. d.	£	s.	d.
1944	67	367 17 0	73	282 13 8	6	65 12 6	716	3	2
1945	150	577 7 4	104	481 7 11	18	75 19 6	1134	14	9
1946	102	560 6 5	140	441 19 9	17	206 19 10	1209	6	0
1947	111	597 11 1	127	421 12 7	17	148 12 7	1167	16	3
1948	129	747 5 2	120	594 0 1	13	45 7 9	1386	13	0
1949	160	873 10 0	153	1011 9 3	14	31 6 9	1916	6	0
1950	181	1219 19 4	278	1146 1 0	76	167 10 6	2533	10	10
1951	280	1941 16 0	345	3003 10 6	94	433 3 6	5378	10	0
1952	355	3011 13 0	407	4414 19 9	130	1333 7 0	8759	19	9
1953	121	1190 2 1	399	4059 12 9	107	915 2 4	6164	17	2
1954	114	741 9 3	423	5198 18 8	123	975 13 3	6916	1	2
Totals		11828 16 8		21056 5 11		4398 15 6	37283	18	1

INFECTIOUS DISEASES (MAINTENANCE) REGULATIONS, 1948

In accordance with the terms of Circular Letter, No. PH. 11/48, dated 11th February, 1948, this enactment came into force on 1st March, 1948. The number of beneficiaries and the monies expended are shewn in the following table:

YEAR	Persons	Amount Expended
		£ s. d.
1948	174	5,456 0 0
1949	190	10,155 6 3
1950	228	12,643 15 5
1951	314	16,931 8 6
1952	412	23,149 13 11
1953	423	24,595 13 5
1954	394	22,848 7 4

Total expenditure to date £115,780 4s. 10d.

Section IV.

Maternity and Child Welfare

(A) Infant Mortality

The number of deaths of children under one year of age amounted to 34. This is equivalent to an infant mortality rate of 23 per 1,000. The figures for last year were 43 and 30 per 1,000 respectively. The corresponding figure for the whole country (Registrar-General's Annual *Summary*—subject to correction) was 38 per 1,000. The principal contributory factors were as follows:—

Premature birth and congenital debility	....	....	23
Diarrhoea and Enteritis	....	....	2
Broncho-pneumonia	....	....	1
Intracranial Haemorrhage	....	....	4
Other Respiratory Diseases	....	....	2
Miscellaneous	....	....	2

Table 45.—Infant Mortality, Cork City and Eire from 1881:

Year	Cork	Eire	Year	Cork	Eire
1881	124	89.4	1919	100	84.4
1882	127	94.9	1920	79	77.5
1883	109	95.0			
1884	110	91.9	1921	76	72.6
1885	120	91.3	1922	93	68.9
1886	110	93.9	1923	66	66.4
1887	123	93.6	1924	87	71.6
1888	139	96.0	1925	74	67.9
1889	125	92.0	1926	130	74.4
1890	106	91.6	1927	87	70.8
			1928	76	67.9
1891	138	91.4	1929	81	70.4
1892	150	99.9	1930	77	68
1893	132	99.8			
1894	150	97.4	1931	71	69
1895	131	98.0	1932	89	71
1896	106	91.0	1933	89	65
1897	152	104.0	1934	72	63
1898	131	105.2	1935	84	67
1899	133	103.2	1936	80	74
1900	120	105.3	1937	103	73
			1938	75	66
1901	139	95.5	1939	73	65
1902	127	95.2	1940	92	66
1903	112	92.2			
1904	118	95.8	1941	85	73
1905	131	90.2	1942	100	68
1906	133	88.0	1943	113	83
1907	139	88.5	1944	108	79
1908	134	91.2	1945	89	71
1909	125	87.3	1946	62	63
1910	96	89.1	1947	87	68
			1948	47	49
1911	139	91.3	1949	68	51
1912	107	82.1	1950	50	45
1913	136	93.1			
1914	119	81.0	1951	38	45
1915	132	85.2	1952	47	41
1916	105	81.3	1953	30	39
1917	108	84.0	1954	23	38
1918	118	80.2			

Table 46.—Infant Mortality in Cork and other Irish Cities from 1920:

Year	Cork	Dublin*	Belfast†	Limerick*	Waterford*
1920	79	152	132	109	96
1921	76	143	115	113	102
1922	93	120	94	108	94
1923	66	117	101	128	78
1924	87	119	107	90	93
1925	74	117	104	91	106
1926	130	127	112	146	114
1927	87	123	101	102	83
1928	76	102	103	117	105
1929	81	106	112	118	110
1930	77	97	78	114	91
1931	71	94	90	120	92
1932	89	100	111	91	132
1933	89	83	102	126	103
1934	72	80	80	76	92
1935	84	94	112	106	126
1936	80	114	102	95	90
1937	102	102	94	68	97
1938	75	96	96	70	99
1939	73	90	86	59	73
1940	95	91	122	70	111
1941	85	118	91	95	88
1942	100	98	90	77	91
1943	113	126	111	76	100
1944	108	125	89	136	84
1945	89	111	84	88	74
1946	62	96	61	75	67
1947	87	85	60	90	77
1948	47	48	45	80	66
1949	68	95	55	75	60
1950	50	48	49	46	42
1951	38	45	44	32	45
1952	47	34	47	51	56
1953	30	39	49	55	57
1954	23	35	—	52	42

*Figures for current year obtained from *Annual Summary* of Registrar-General. Those for previous years have been corrected from figures in the *Annual Reports* of the Registrar-General for the appropriate years.

†Figures obtained from Medical Officer of Health.

The important part that breast-feeding plays in the prevention of all gastro-intestinal upsets and diseases has been recognised by practising paediatricians for many years. Ever since the artificial feeding of infants became prevalent, all writers have recognised the increased incidence of the diarrhoeal diseases among such babies. Carter (1893), forty-six years ago, laid emphasis on the prophylactic value of breast feeding, and recently Spence, (1938), has declared that it is beyond all question that breast fed infants show a greater freedom from disease and a greater power of recovery from disease that artificially fed infants. My figures strongly support and confirm the accuracy of these statements. SMELLIE, J. M., *Ingleby Lectures on Infantile Diarrhoea* *The Lancet*, April 29, 1939.

Table 47.—Deaths of infants *under one month* in Cork City and the ratio of same to the total number of infant deaths (i.e., under one year), together with the comparative figures for the whole country:

Year	CORK CITY		Eire. Relation of deaths under one month to all infant deaths.*
	Deaths under one month	Proportion to all infant deaths	
1931	41	30.1 per cent	38.4 per cent.
1932	47	29.6 "	35.9 "
1933	56	33.3 "	39.7 "
1934	43	29.9 "	38.7 "
1935	39	26.2 "	39.9 "
1936	56	36.8 "	40.5 "
1937	58	31.4 "	41.7 "
1938	34	27.2 "	42.4 "
1939	47	39.8 "	44.1 "
1940	45	29.4 "	42.0 "
1941	52	30.9 "	41.2 "
1942	52	32.9 "	39.5 "
1943	91	46.4 "	40.2 "
1944	58	31.0 "	41.9 "
1945	61	39.3 "	44.5 "
1946	59	54.1 "	45.5 "
1947	68	42.5 "	43.2 "
1948	35	40.2 "	46.1 "
1949	55	42.0 "	46.2 "
1950	36	44.4 "	—
1951	44	70.9 "	—
1952	34	46.0 "	—
1953	20	46.5 "	—
1954	26	79.3 "	—

* Figures in this column were obtained from the relevant Annual Reports of the Registrar-General. They are no longer available.

Table 48.—Deaths of Infants under 1 year, shewn as neo-natal and other deaths:

Cause of Death	Neo-Natal	Others	Total
Prematurity	11	1	12
Congenital Debility	1	1	2
Congenital Malformations	8	1	9
Intracranial Haemorrhage	4	—	4
Diarrhoea and Enteritis	—	2	2
Broncho-pneumonia	—	1	1
Miscellaneous	2	2	4
TOTALS	26	8	34

In connection with this matter an investigation was carried out in this area, during the period 1943 to 1948, into the causes of infant deaths. One part of this enquiry was devoted to feeding and the resultant findings were of considerable interest. They are incorporated in the following table.

Table 49.—Relationship between the *mode of feeding* and infant deaths occurring **between ages 1 month and 12 months** (computed for the years 1943 to 1948 inclusive):

CAUSE OF DEATH	No. of Deaths	FEEDING	
		Breast	Artificial
Gastro enteritis	207	3	204
Broncho-pneumonia	101	16	85
Whooping Cough	22	1	21
Marasmus	27	2	25
Congen-Syphilis	14	—	14
Tuberculosis	10	—	10
Prematurity, etc.*	53	6	47
Meningitis	6	3	3
Infect. Diseases	5	—	5
Convulsions	21	—	21
Septic Insection	3	1	2
Miscellaneous	45	8	37
TOTAL	514	40	474

*Including congenital debility and congenital malformation.

It will be noted that the protection afforded by breast-feeding is not confined to gastro-enteritis. Its influence is markedly felt in the case of bronchitis too and, indeed, in the infections generally. There seems to be no doubt whatever that breast-feeding is the best start in life which any child can receive. All the accumulated evidence points to this and our great problem is to find out why some mothers cannot, and others will not nurse their babies. We see, therefore, the importance of an educational campaign to foster the adoption of natural methods of feeding on a much wider scale. Such a campaign should by no means be confined to the mothers themselves. There is only too good reason to conclude that many medical practitioners and nurses do not realise the fundamental importance of this question.

(B) Child Health Service

Attendance at Clinic

An attendance of 12,896 was recorded at the Clinic during the year. This attendance must be regarded as excessive as it led to considerable overcrowding with a consequent danger of cross infection. As in former years a wide variety of diseases was met with. Of the patients seen 117 were sufficiently ill to require admission to hospital. The majority of the admissions were to the Paediatric wards of St. Finbarr's Hospital with which liason is maintained. X-ray examinations carried out during the year numbered 87 and 210 specimens were sent for laboratory investigation.

The extension of the city boundary coupled with the present overcrowding of the clinic in the City Hall makes the provision of outlying clinics necessary. It is hoped that, with an increase in health visiting staff, this will become a practicable proposition. In an endeavour to obviate the danger of cross infection it is desirable that these outlying clinics should deal with the routine problems of infant feeding and management and that sick infants should be seen only at the central clinic in the City Hall preferably on an appointment basis.

(C) Special Clinics

Screening Clinic

As in former years one session per week was devoted to screen examination and a total of 468 screen examinations were carried out. Pulmonary collapse was again the commonest abnormality found. While the majority of cases of pulmonary collapse was due to endo-bronchial blockage a considerable number of cases due to pressure from tuberculous hilar glands were also found. There can be no doubt that screen examination is superior to X-ray examination for detecting hilar glandular enlargement in view of the ease with which lateral oblique and lordotic views can be obtained when differentiating between hilar glandular enlargement and vascular shadows. X-ray of course continues to be necessary for assessing progress in established cases.

Rheumatic Carditis Clinic

Rheumatic fever with its cardiac sequela is a serious illness of childhood and adolescence. Not only does rheumatic carditis cause a great deal of chronic invalidism necessitating prolonged periods spent in hospital but it is also a major cause of death. In America more deaths are caused by rheumatic carditis than by any other illness between the ages of 5 years and 19 years. In Britain, next to tuberculosis, rheumatic carditis is the main illness responsible for death between the ages of 5 years and 45 years. In recent years this disease has attracted a great deal of attention as it has been found that the majority of children who have suffered from rheumatic fever can be protected from serious cardiac damage if they are kept under careful observation and given prophylactic doses of sulphonamids and antibiotics. A rheumatic carditis clinic was set up in the City Hall in 1952 and 17 children now regularly attend this clinic at monthly intervals and are given prophylactic treatment. In addition to dealing with established cases of the disease all children who are discovered to have organic cardiac murmur at routine school examination are referred to this clinic for review. It is felt that there is considerable room for expansion of this service.

Coeliac Clinic

Since the introduction of gluten free diet for coeliac disease the prognosis has been greatly altered for the better. When it is remembered that in the past the majority of patients suffered from this disease spent the greater portion of their youth in hospital, it is gratifying to note that none of the 15 cases which regularly attend the Coeliac clinic have had a sufficiently severe relapse to necessitate admission to hospital. Through the agency of the Child Welfare League, Milk, Rice, Flour and other ingredients of a Gluten free diet continue to be provided at a reduced cost.

Cerebral Palsy Clinic

The clinic set up at the City Hall in 1953 developed rapidly and placed a heavy strain on the arrangements for physiotherapy available at the City Hall. Fortunately a Cerebral Palsy Centre has now been set up in the Parish Hall in Brown Street to which cases who formerly attended at the City Hall have been transferred. The founders of this centre at Brown Street must be congratulated for their wonderful generosity and public spirit.

Chest Physiotherapy Clinic

During the year the chest physiotherapy clinic continued to benefit children suffering from chronic bronchitis, asthma and pulmonary collapse. An attendance of 357 was recorded at the Chest Physiotherapy Clinic.

Premature Births

As would be expected with an infant mortality rate of 23 per 1,000, prematurity is now the most important cause of death during infancy. As a start towards assessing the problem presented by premature births, notification of all birth weights was introduced during 1952. Analysis of the first 1,080 consecutive births weights notified suggests that the premature birth rate in Cork is 7.3 per 100 births. This rate seems high when compared with rates reported from some other areas. However, it should be noted that in many areas where a premature birth rate of 5 or less per 100 births has been reported, it is the practice to notify only birth weights of $5\frac{1}{2}$ lbs. or less and it is now acknowledged that this procedure gives a false low rate.

BREAST FEEDING

As breast feeding has an important bearing on infant mortality and morbidity, it was decided to carry out a survey to find out how infants born and resident in Cork were fed during the first six months of life. It was also considered desirable to determine the influence of various factors on the prevalence of natural feeding. The investigation which was confined to 1,007 infants born between 3rd November, 1952, and 16th July, 1953, was completed in January 1954.

Incidence of Breast Feeding

More than one-third of the infants included in the investigation received no breast milk, as 368 babies were artificially fed from birth. By the end of the second week breast feeding had been abandoned in the case of a further 170 infants, so that only 46.6 per cent. of two-week old babies were still being breast fed. The proportion being breast-fed dropped to 35.3 per cent. at the age of one month, and 25.7 per cent. at the age of two months. Less than one infant in every five was breast fed for three months or longer, as 81 per cent. had been weaned by the end of the third month ; and only 91 infants or 9 per cent. were still being breast fed at the age of six months (see Table 1).

Table 49A—The Incidence of Breast Feeding:

Duration of Breast Feeding	No.	Per Cent.
Breast-feeding not attempted	368	36.5
Breast-feeding for less than 1 week	99	9.8
Breast-fed for 1 week but less than 2 weeks	71	7.1
Breast-fed for 2 weeks but less than 1 month	109	10.8
Breast-fed for 1 month but less than 2 months	102	10.1
Breast-fed for 2 months but less than 3 months	66	6.6
Breast-fed for 3 months but less than 6 months	101	10.0
Breast-fed for more than 6 months	91	9.0
TOTAL	1,007	100

Place of Birth

More than half the babies included in the investigation were born in nursing homes or hospitals as institutional births totalled 583 and domiciliary births numbered 424. Of the babies born in institutions 47 per cent. were breast fed for more than two weeks and 20.4 per cent. for longer than three months. The corresponding figures in the case of infants born at home were 46 per cent. and 17.2 per cent. Comparison of the two groups shows that a slightly higher proportion of mothers confined in institutions perserved with natural feeding.

Table 49B.—Place of Birth and Duration of Breast Feeding:

Duration of Breast Feeding	Infants born in Institutions		Infants born at Home	
	No.	Per cent.	No.	Per cent.
Not attempted	211	36.2	157	37.0
Less than 1 week	51	8.7	48	11.3
Less than 2 weeks	47	8.1	24	5.7
Less than 1 month	63	10.8	46	10.8
Less than 2 months	56	9.6	46	10.8
Less than 3 months	36	6.2	30	7.1
Less than 6 months	57	9.8	44	10.4
More than 6 months	62	10.6	29	6.8
TOTAL	583	100	424	100

Order of Birth

It was found that 82.1 per cent. of first-born infants were weaned before the end of the third month. Infants born to mothers who already had one or two children fared slightly better ; the corresponding figure for this group was 77.6 per cent. With an increase in family size, the incidence of breast feeding again fell ; 83.2 per cent. of babies with three or more siblings were artificially fed by the end of the third month.

Table 49C.—Birth Order and Duration of Breast Feeding:

Duration of Breast Feeding	First born Infants		Second or Third born Infants		Fourth or Subsequent	
	No.	Per cent.	No.	Per cent.	No.	Per cent.
Not attempted	83	37.1	138	37.2	147	35.7
Less than 1 week	24	10.7	38	10.2	37	9.0
Less than 2 weeks	14	6.2	23	6.2	34	8.3
Less than 1 month	28	12.5	31	8.4	50	12.1
Less than 2 months	21	9.4	36	9.7	45	10.9
Less than 3 months	14	6.2	22	5.9	30	7.3
Less than 6 months	17	7.6	43	11.6	41	10.0
More than 6 months	23	10.3	40	10.8	28	6.8
TOTAL	224	100	371	100	412	100

Birth Weight

Accepting that a birth weight of $5\frac{1}{2}$ lbs. or less, is indicative of prematurity, there were 80 prematurely born babies included in the investigation. Premature infants fared badly where breast feeding was concerned as 67.5 per cent. received no breast milk and only 27.5 per cent. were breast fed for longer than two weeks. When prematurely born babies were further subdivided it was found that very few with a birth weight of 5 lbs. or less, were naturally fed, as 86.1 per cent. were given no human milk and only 9.2 per cent. were weaned later than the second week.

In the case of full-term infants, birth weight did not appear to influence the duration of breast feeding.

Table 49D.—Birth Weight and Duration of Breast Feeding:

Duration of Breast Feeding	5 lb. or less		$5\frac{1}{2}$ lb. or less but > 5 lb.		$6\frac{1}{2}$ lb. or less but > $5\frac{1}{2}$ lb.		$7\frac{1}{2}$ lb. or less but > $6\frac{1}{2}$ lb.		$8\frac{1}{2}$ lb. or less but > $7\frac{1}{2}$ lb.		More than $8\frac{1}{2}$ lb.	
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Not attempted ...	37	86.1	17	46.0	63	35.0	119	35.2	82	31.3	50	34.0
Less than 1 week	2	4.7	1	2.7	14	7.8	35	10.4	33	12.6	14	9.5
Less than 2 weeks	—	—	1	2.7	17	9.4	25	7.4	19	7.3	9	6.1
Less than 1 month	1	2.3	6	16.2	21	11.7	37	10.9	30	11.4	14	9.5
Less than 2 months	1	2.3	2	5.4	17	9.4	36	10.7	27	10.3	19	12.9
Less than 3 months	1	2.3	—	—	9	5.0	20	5.9	23	8.8	13	8.8
Less than 6 months	1	2.3	6	16.2	22	12.2	35	10.4	21	8.0	16	10.9
More than 6 months	—	—	4	10.8	17	9.4	31	9.2	27	10.3	12	8.2
TOTAL ...	43	100	37	100	180	100	338	100	262	100	147	100

Social Status and Overcrowding

It was found that a higher proportion of working-class mothers succeeded in establishing breast feeding, but by the end of the third month the incidence of breast feeding was much the same in all social groups. Any adverse influence due to overcrowding was compensated for by the fact that the majority of mothers living in overcrowded homes were multiparae belonging to social groups IV. and V.

Table 49E.—Social Status and Duration of Breast Feeding:

Duration of Breast Feeding	Social Group I and II		Social Group III		Social Group IV and V	
	No.	Per cent.	No.	Per cent.	No.	Per cent.
Not attempted	41	50.0	178	37.6	149	33.0
Less than 1 week	6	7.3	49	10.3	44	9.8
Less than 2 weeks	1	1.2	38	8.0	32	7.1
Less than 1 month	5	6.1	50	10.5	54	12.0
Less than 2 months	9	11.0	46	9.7	41	9.1
Less than 3 months	5	6.1	26	5.5	41	9.1
Less than 6 months	3	3.7	46	9.7	52	11.5
More than 6 months	12	14.6	41	8.7	38	8.4
TOTAL	82	100	474	100	451	100

Choice of Milk for Artificial Feeding

It has been suggested that the use of dried milk has made artificial feeding easy and safe and has led to a reduction in the prevalence of breast feeding. It is unlikely that the use of dried milk influenced the incidence of breast feeding in Cork, as only 38% of the babies artificially fed under the age of three months were weaned on dried milk. Furthermore many mothers did not have a definite preference for either dried or liquid cows' milk, as changes from one form to the other were common. Finally, no mother, when interviewed volunteered the information that she decided to wean her infant at an early age because dried milk was available.

Health Visiting

In view of the increased work at clinics the time available to health visitors for home visits was further curtailed. In the circumstances, an effort was made to concentrate on primary visits. This met with some measures of success as more than 90 per cent. of babies born and resident in the city were visited on at least one occasion. However, the number of revisits were far too few. It is regrettable that it was necessary to limit the number of revisits as there can be little doubt that routine home visiting makes an important contribution towards the promotion of healthy infancy and childhood.

STATISTICS

Work Carried out at Clinic:

Attendances of infants under one year	....	7,856
Attendances of children one to five years	....	5,040
Total number of attendances	....	12,896

Table 50.—Summary of Cases seen by Medical Officer:

Month	ATTENDANCES			AT AGES		Screen Exams.	Referred to Hosp.
	1st Visit	Re-visits	Total	Under 1 Year	1 to 5 Years		
Jan.	82	416	498	251	247	32	5
Feb.	105	362	467	199	268	85	13
March	128	424	552	204	348	63	11
April	156	411	567	238	329	58	10
May	112	464	576	234	342	76	22
June	117	433	550	222	328	58	12
July	131	462	593	240	353	48	10
Aug.	104	65	169	85	84	11	11
Sept.	93	537	630	198	432	53	5
Oct.	100	577	677	230	447	25	3
Nov.	102	440	542	174	368	16	3
Dec.	72	26	98	29	69	12	1
Total	1,302	4,617	5,919	2,304	3,615	537	106

X-Ray Examinations	....	87
Bacteriological and other examinations	....	210
Referred to Orthopaedic Clinic	....	40
Attendance at U.V.L. Clinic	....	1,722
Attendance for Breathing Exercises	....	482

RETURN OF HEALTH VISITORS' WORK:

(A)	Under one year:				
	(1) Primary Visits	....	....	....	1,395
	(2) Secondary Visits	....	....	....	4,032
(B)	One to two years:				
	Total Visits	....	....	....	711
(C)	Two to five years:				
	Total Visits	....	....	....	1,249
					<hr/> 7,387
(D)	Expectant Mothers:				
	Primary Visits	....	....	....	601
	Secondary Visits	....	....	....	422
					<hr/>
	TOTAL			....	1,023

(D) Notification of Births

The Acts bearing on this subject are the Notification of Birth Acts, 1907, which was adopted by the Corporation in September, 1922, and the Notification of Births (Extension) Act, 1915. These Acts place an obligation on certain individuals to notify to the Medical Officer of Health, within thirty-six hours, births which have occurred in the area. The object of the Acts is to enable the Local Authority to afford advice and assistance to parents on the care and upbringing of children.

The general procedure in connection with the notification of births was outlined in my Report for the year 1942. The total number of such notifications received during the year amounted to 1,400. The number of *live* births registered during the same period, according to the Annual Summary of the Registrar-General was 1,467.

(E) Maternal Mortality

There was 3 deaths under this heading during the year.

Realisation of the prolonged invalidity and previous mortality of infantile diarrhoea compels a study of its prophylaxis. First and foremost comes breast-feeding. This is nothing new—its importance has been emphasised by discerning paediatricians for generations, but it has to be admitted that in spite of all this the incidence of breast-feeding is declining. Spence has estimated that at the present time 20 to 30 per cent of babies are artificially fed from birth in many if not most of our big towns, and that not more than a third of the mothers of these towns are fully feeding their babies until the sixth month. Until this state of affairs can be rectified, infantile diarrhoea will continue to be a major problem among the diseases of early life. SMELLIE, J. M. *Ingleby Lectures on Infantile Diarrhoea. The Lancet*, May 6, 1939.

Table 51.—The number of deaths of women directly attributable to or associated with pregnancy or childbirth, together with rate per 1,000 births during each of these years, for the City of Cork. (Corrected for Births and Deaths in public institutions):

Year	Deaths from Puerperal Septic Diseases		Deaths from accidents of Pregnancy or Childbirth		Deaths from causes associated with Pregnancy or Childbirth (not included in foregoing)		Total Deaths caused by, or associated with Pregnancy or Childbirth	
	No.	Rate per 1000 Births	No.	Rate per 1000 Births	No.	Rate per 1000 Births	No.	Rate per 1000 Births
1924	5	2.55	6	3.05	1	0.51	12	6.11
1925	5	2.54	5	2.54	1	0.51	11	5.59
1926	3	1.66	8	4.42	—	—	11	6.08
1927	5	2.74	6	3.28	—	—	11	6.02
1928	3	1.64	9	4.92	1	0.55	13	7.11
1929	—	—	4	2.24	—	—	4	2.24
1930	1	0.46	3	1.37	—	—	4	1.83
1931	1	0.52	7	3.63	—	—	8	4.10
1932	1	0.55	8	4.28	—	—	9	4.95
1933	1	0.54	8	4.32	1	0.54	10	5.40
1934	5	2.60	2	0.52	—	—	7	3.60
1935	1	0.51	5	2.56	—	—	6	3.08
1936	1	0.52	4	2.08	—	—	5	2.60
1937	—	—	—	—	—	—	—	—
1938	—	—	6	3.51	—	—	6	3.51
1939	1	0.58	3	1.75	—	—	4	2.30
1940	—	—	8	4.6	—	—	8	4.60
1941	—	—	5	2.9	—	—	5	2.91
1942	—	—	3	1.7	—	—	3	1.70
1943	1	0.56	2	1.12	—	—	3	1.61
1944	2	1.14	6	3.42	—	—	8	4.56
1945	—	—	4	2.36	—	—	4	2.36
1946	—	—	2	1.10	—	—	2	1.10
1947	—	—	1	0.50	—	—	1	0.50
1948	—	—	—	—	1	0.50	1	0.50
1949	—	—	—	—	1	0.50	1	0.50
1950	—	—	—	—	1	0.60	1	0.60
1951	—	—	—	—	2	1.20	2	1.20
1952	—	—	—	—	1	0.62	1	0.62
1953	—	—	1	0.69	—	—	1	0.69
1954	—	—	2	1.46	1	0.73	3	2.20

NEO-NATAL DIARRHOEA. While aetiology still remains a mystery, prevention and control of the infection seem to be closely linked with breast feeding of the infant and a high standard of hygiene in the nursery. The breast-fed baby is not immune to diarrhoea, but outbreaks are rare and usually mild in character in units where over 90 per cent of the babies are wholly breast fed.
THE BRITISH MEDICAL JOURNAL: 28 December, 1946. (Leading Article).

Year	Whole Country			Cork City			City of Dublin			Belfast			Limerick County Borough			Waterford County Borough		
	No. of deaths	Rate per 1000 births	No. of deaths	Rate per 1000 births	No. of deaths	Rate per 1000 births	No. of deaths	Rate per 1000 births	No. of deaths	Rate per 1000 births	No. of deaths	Rate per 1000 births	No. of deaths	Rate per 1000 births	No. of deaths	Rate per 1000 births	No. of deaths	Rate per 1000 births
1920	326	4.8	13	5.8	55	6.0	95	7.7	3	2.9	3	2.9	2	2.7	2	2.7	2	2.7
1921	336	5.5	8	4.0	53	6.5	53	4.7	1	1.0	1	1.0	3	5.1	3	5.1	3	5.1
1922	370	6.3	7	3.6	61	7.1	55	5.1	12	11.8	12	11.8	—	—	—	—	—	—
1923	328	5.3	4	1.9	46	5.5	58	5.3	16	5.6	16	5.6	3	4.9	3	4.9	3	4.9
1924	330	5.2	12	6.1	46	5.0	46	4.4	1	0.9	1	0.9	4	5.9	4	5.9	4	5.9
1925	312	5.0	11	5.6	42	4.9	29	2.8	3	2.8	3	2.8	4	6.4	4	6.4	4	6.4
1926	329	5.4	11	6.1	31	3.5	57	5.5	5	4.8	5	4.8	—	—	—	—	—	—
1927	291	4.8	11	6.0	23	2.8	36	3.7	5	4.8	5	4.8	3	4.7	3	4.7	3	4.7
1928	318	5.4	13	7.1	31	3.5	43	4.6	5	4.5	5	4.5	2	3.0	2	3.0	2	3.0
1929	283	4.9	4	2.2	30	3.4	43	4.8	7	4.5	7	4.5	1	1.6	1	1.6	1	1.6
1930	294	5.0	4	1.8	43	4.1	44	4.6	4	3.7	4	3.7	3	4.6	3	4.6	3	4.6
1931	272	4.7	8	4.1	29	2.1	54	5.7	4	3.5	4	3.5	3	4.5	3	4.5	3	4.5
1932	235	4.9	9	4.9	33	3.1	49	5.5	8	4.0	8	4.0	6	8.6	6	8.6	6	8.6
1933	255	4.4	10	5.4	22	2.1	42	5.2	7	7.1	7	7.1	2	2.8	2	2.8	2	2.8
1934	304	5.2	7	3.6	41	3.7	57	6.3	2	1.9	2	1.9	—	—	—	—	—	—
1935	272	4.6	6	3.0	38	3.3	54	6.0	6	5.5	6	5.5	4	4.0	4	4.0	4	4.0
1936	273	4.7	5	2.6	42	3.5	57	6.2	2	2.0	2	2.0	3	4.5	3	4.5	3	4.5
1937	204	3.3	—	—	33	2.8	56	6.1	3	2.9	3	2.9	4	4.8	4	4.8	4	4.8
1938	204	3.6	6	3.5	29	2.5	48	5.2	4	4.0	4	4.0	3	1.6	3	1.6	3	1.6
1939	150	2.7	4	2.3	23	2.0	—	4.4	1	1.0	1	1.0	1	10.3	1	10.3	1	10.3
1940	227	4.0	8	4.6	21	1.9	37	4.2	3	3.0	3	3.0	7	4.8	7	4.8	7	4.8
1941	209	3.7	5	2.9	21	1.8	31	3.6	3	3.0	3	3.0	1	1.6	1	1.6	1	1.6
1942	163	2.4	3	1.7	20	1.6	31	3.2	1	0.9	1	0.9	2	2.5	2	2.5	2	2.5
1943	162	2.5	3	1.6	15	1.2	32	2.9	1	0.9	1	0.9	—	—	—	—	—	—
1944	176	2.7	7	3.8	18	1.4	24	2.3	1	0.9	1	0.9	2	2.8	2	2.8	2	2.8
1945	159	2.4	4	2.4	17	1.3	18	1.8	4	3.5	4	3.5	1	1.4	1	1.4	1	1.4
1946	132	2.0	2	1.1	14	1.1	23	2.2	2	1.6	2	1.6	—	—	—	—	—	—
1947	130	1.8	1	0.5	12	0.9	13	1.2	7	5.4	7	5.4	—	—	—	—	—	—
1948	124	1.9	1	0.5	8	0.6	13	1.3	3	2.7	3	2.7	1	1.5	1	1.5	1	1.5
1949	106	1.6	1	0.5	14	1.1	8	0.8	1	1.0	1	1.0	—	—	—	—	—	—
1950	61	1.1	2	0.6	13	1.0	6	0.7	—	—	—	—	1	1.5	1	1.5	1	1.5
1951	74	1.2	2	1.2	3	0.2	3	0.3	1	0.9	1	0.9	—	—	—	—	—	—
1952	81	1.2	1	0.6	12	0.9	9	1.0	—	—	—	—	—	—	—	—	—	—
1953	77	1.2	1	0.7	6	0.4	6	0.7	3	2.5	3	2.5	2	—	2	—	2	—
1954	65	1.0	3	2.2	—	—	—	—	—	—	—	—	—	3.3	—	3.3	—	3.3

The above figures were obtained from the *Annual Reports* of the Registrar-General with the exception of those for the years 1949 and 1950 (which were taken from the *Annual Summary* for that year) and those for Belfast from 1922 onwards, which were kindly supplied by the Medical Officer of Health. All figures include deaths from sepsis arising from abortion and miscarriage.

(F) Rhesus Factor Testing

No. of Rh. investigations undertaken during 1954	550	(359)
No. of women found to be Rh-positive (D positive)	425	(286)
No. of women found to be Rh-negative (D negative)	100	(59)
No. of repeat antibody investigations on Rh-neg. women	26	(14)
No. of women found to have Rh. antibodies	8	(6)

The figures in brackets relate to the corresponding amount of work done in the previous year.

Table. 53.—Rhesus Investigations to date:

YEAR	Births	Rhesus Investiga- tions	Proportion to Births	Number Negative
1949	1,670	207	12.4 per cent.	38
1950	1,628	443	27.1 „	66
1951	1,652	401	23.6 „	71
1952	1,620	431	26.5 „	69
1953	1,444	359	25.0 „	59
1954	1,467	550	37.5 „	100
TOTALS	9,481	2,391	25.2 „	403

Of the eight women who were found to have antibodies seven produced live births. The babies were treated by replacement transfusion and all survived. There was one still-birth.

More Rh. investigations were carried out in 1954 than in any of the previous years. The previous highest number was 431 tested in 1952.

(G) Supervision of Midwives

1. Number of Midwives in Practice:—

Certificate of C.M.B.	....	....	....	46
Other recognised certificates	....	....	....	14
TOTAL	....	....	....	60

2. Number of Midwives according to type of practice:—

Attached to public institutions	....	....	....	10
Conducting only private maternity or nursing homes	....	....	....	6
Dealing with less than five cases per year	....	....	....	7
Monthly Nurses	....	....	....	17
Others	....	....	....	20
TOTAL	....	....	....	60

3. Number of visits of inspection of midwives	....	....	296
4. Reasons for summoning Medical help:—			
Abnormal presentation	....	....	1
Miscellaneous	....	....	1
5. Notifications of still births	....	....	86
6. Notifications of artificial feeding	....	....	1,022
7. Notifications of deaths	....	....	56

It was unnecessary to undertake any legal proceedings against midwives during the year.

ARTIFICIAL FEEDING

Cracked or inverted nipples	....	....	....	139
Health would not permit	....	....	....	166
Insufficient	....	....	....	59
Refusals (no cause assigned)	....	....	....	643
Business Reasons	....	....	....	15
				<hr/> 1,022

The above figures refer to all notifications received during the year and include County cases treated in City Nursing Homes.

Once upon a time there were very few maternity hospitals and all the mothers had their babies at home. Some of the bad cases died, and everybody was very sorry. So they built lots and lots of new maternity hospitals to take the bad cases, and not so many died, and everybody was happy. It was such fun for the mothers to go to hospital to have their babies that it soon became hard to find a bed for the bad cases, but all the mothers explained very loudly why their own homes should not be upset by the new babies.

And once upon a time, a bit later than the last time, there were very few geriatric units, and all the grand-mothers died at home in the loving care of their children, and everybody was happy. So someone built lots and lots of geriatric units and homes for the aged sick, and the grandmas died well away from their children, and no-one could care less. It was such fun to get rid of the grandparents that it soon became hard to find a bed for the bad cases, but all the children explained very loudly why their own homes should not be upset by the grandmothers.

It is so much nicer to sit right in front of the television and have plenty of room on the kitchen table to fill in your football pools, and be able to go to the cinema whenever you want. After all, you stamp your cards every week so it's only right that someone else should have the bother of looking after baby and grandma. St. Augustine? Never heard of him.

Anonymous Correspondent in *The Lancet*, 10th April, 1954. (p. 775)

Section V.

School Medical Service

Number of children on rolls of National Schools: 15,424.

The medical inspection of the following groups was carried out during the year:—

Entrants—Pupils born in 1948 and pupils born in 1946 and 1947 if not previously examined.

Intermediates—Pupils born in 1945 and pupils born in 1942, 1943 or 1944 who had been absent for routine examination or had not been examined previously.

Leavers—Pupils born in 1941 and pupils born in 1939 or 1940 who had been absent for routine examination or had not been examined previously.

Other Inspections—Those pupils who, at the last routine inspection, had been marked down for further observation or treatment, also those pupils examined at the request of Head Teachers, School Nurses, Parents, etc.

I. Routine Inspections	....	....	.... 2,692
Entrants	....	....	887
Intermediates	....	....	1,056
Leavers	....	....	749
II. Other Inspections	....	....	.... 1,172

The number of medical inspections is lower than last year due to the fact that a Diphtheria Immunisation campaign was carried out in the schools between September and December.

The following are the numbers of children immunised during this campaign whose course of treatment was complete :—

Under 5 years	....	.... 115
Over 5 years	....	.... 716

Reinforcing injections were given to 820 children.

Table 54.—Return of Defects found by Medical Inspection for the year ended 31st December, 1954:

DISEASE OR DEFECTS	Routine Inspections	Other Inspections
	Number of Defects	Number of Defects
SKIN :		
Ringworm—Scalp	—	2
Ringworm—Body	1	3
Scabies	2	2
Impetigo	35	19
Psoriasis	1	4
Other Diseases	22	23
EYE :		
Defective Vision	189	206
Strabismus	135	166
Blepharitis	25	23
Conjunctivitis	4	27
Styes	4	11
Other Conditions	3	17
EAR :		
Defective Hearing	3	6
Otorrhoea	12	25
Otalgia	5	31
Cerumen	6	19
Other Conditions	3	8
NOSE AND THROAT :		
Enlarged Tonsils and Adenoids	19	36
Other Conditions	10	32
HEART AND CIRCULATION :		
Heart—Congenital	6	12
Heart—Organic	11	8
Anaemia	10	4
NERVOUS SYSTEM :		
Chorea	1	1
Epilepsy	1	1
Cerebral Palsy	1	1
Hemiplegia	1	—
Others	2	5
LUNGS :		
Bronchitis	13	10
Bronchiectasis	3	8
Pneumonia (Infective and Aspiration)	10	8
Pleural Effusion (Non-Tuberculous)	—	1
Asthma	2	4
Diaphragmatic Paralysis	—	1
Other diseases (i.e., mild upper respiratory tract infections not included above)	2	1
TUBERCULOSIS :		
Primary pulmonary	1	4
Post Primary Pulmonary	1	—
Cervical Glandular	2	4
DEFORMITIES :		
Congenital (including cleft palate, torticollis, funnel chest)	12	1
Due to tuberculosis	1	—
Due to anterior poliomyelitis	3	—
Other Deformities of Lower Limb (including valgus ankles, genu valgum, etc.)	2	5
Due to Rickets	2	—
Due to Fracture	2	—
INFECTIOUS DISEASES :		
Chicken pox	1	11
Infective hepatitis	—	2
Scarlet Dysentery	—	1
Scarlet Fever	1	—
Mumps	1	5
Appendicitis	—	1
Coeliac Disease	1	—
Osteomyelitis of Hard Palate	—	1
Pyellitis	1	1
Bursitis (Pre-patellar and Semi-membranosus)	—	2
Cyclic Vomiting	1	—
Lymphatic Leukemia	—	1
Thrush	1	—

DISEASE OR DEFECT	Routine Inspections	Other Inspections
	Number of Defects	Number of Defects
Rickets	3	—
Goitre	1	1
Hernia	2	—
Varicose Veins	1	—
Fractured Toe	1	—
Thread Worms	3	4
Round Worms	1	1
Minor Ailments	8	12
Defective Speech	9	4
Educationally Subnormal	4	—
Septic Sores, etc.	14	20

Defective Nutrition

Percentage of mal-nourished children 0.03

Uncleanliness

Percentage of verminous children Boys and Girls 10.1
 " " " Girls 21.3
 " " " Boys 1.9

Table 55.—Percentage of Conditions of Uncleanliness:

	Head Nits Present	Head Pediculi Present	Body Pediculi Present
Girls	20.8	3.4	0.2
Boys	1.2	0.2	0.1

Unsatisfactory Clothing and Footgear

Boys and Girls 2.1
 Boys 1.6
 Girls 2.9

Table 56.—Proportion of principal Diseases and Defects found by routine Medical Inspection:

Disease or Defects				Percentage
Defective Nutrition	....	....	....	0.03
Verminous Conditions	....	....	....	10.1
Skin	....	....	....	2.2
Eye	{ Defective Vision	....	....	7.0
	{ Strabismus	....	....	5.0
	{ Other Discases and Defects	....	....	1.3
Ear	....	....	....	1.0
Nose and Throat	{ Enlarged Tonsils and Adenoids	....	....	0.7
	{ Other Conditions	....	....	0.3
Heart and Circulation	....	....	....	1.0

Lungs (Non-Tuberculous Disease)	....	....	....	1.1
Tuberculosis	{ Pulmonary	....	....	0.07
		Non-Pulmonary	....	0.07
Nervous System	....	....	....	0.2
Deformities	....	....	....	0.9
Infectious Diseases	....	....	....	0.1
Other Diseases and Defects	....	....	....	1.9

Table 57.—Average Height and Weight of Children inspected and Comparison with the Average Standard. (Baldwin and Woods Tables)

BOYS

Age	No. examined	Average Height in ins.	Average Weight in lbs.	Average Standard Weight for Height	Percentage over or under Weight according to Standard
5	193	42	43	39	10.3% over
6	202	44	46	43	7% over
8	316	49	56	55	1.8% over
9	312	50	60	58	3.4% over
12	255	55	79	74	6% over
13	174	57	83	82	1.2% over

GIRLS

Age	No. examined	Average Height in ins.	Average Weight in lbs.	Standard Weight for Height	Percentage over or under Weight according to Standard
5	201	42	40	39	2.5% over
6	150	43	44	41	7% over
8	243	48	54	52	3.8% over
9	122	49	57	55	3.6% under
12	231	56	80	78	2.6% over
13	105	57	84	84	—

TREATMENT OF DEFECTS

The following figures do not include treatment of children who attend City Schools but who reside in the County and are, therefore, referred to the County School Medical Service for treatment.

Enlarged Tonsils and Adenoids

Operative Treatment

Under the School Medical Service Scheme	By Private Practitioners	TOTAL
26	1	27

Other Defects and Diseases of Nose and Throat

Treated at:—

Intern Dept. of Hospitals associated with S.M.S. Scheme	1
Extern Dept. of Hospitals associated with S.M.S. Scheme	4
Intern and Extern Depts. of Hospitals associated with S.M.S. Scheme	—
TOTAL NUMBER TREATED	5

Defective Vision

Submitted to Refraction		Glasses Prescribed			Change of Glasses not necessary	Glasses not Prescribed
Under the School Medical Service Scheme	By Private Practitioners	Under the School Medical Service Scheme	By Private Practitioners	Total		
191	21	178	21	199	7	6

Other Defects and Diseases of Eye

Treated at:—

Intern Dept. of Hospitals associated with S.M.S. Scheme	2
Extern Dept. of Hospitals associated with S.M.S. Scheme	71
Intern and Extern Depts. of Hospitals associated with S.M.S. Scheme	4
TOTAL NUMBER TREATED	77

Ear Diseases and Defects

Treated at:—

Intern Dept. of Hospitals associated with S.M.S. Scheme	1
Extern Dept. of Hospitals associated with S.M.S. Scheme	13
Intern and Extern Depts. of Hospitals associated with S.M.S. Scheme	—
TOTAL NUMBER TREATED	14

REVIEW OF DEFECTS TREATED UNDER THE SCHOOL MEDICAL SERVICE SCHEME

Skin

185 cases were treated at the School Clinic. They consisted of Scabies 6, Impetigo 143, Ringworm Scalp 6, Ringworm Body 11, Psoriasis 2, and others 17.

Eye

(a) Defective Vision

191 cases were refracted at the hospitals associated with the Scheme. Glasses were supplied by Mr. Arthur Richard. Lenses were supplied, free of charge to 185 children and frames to 44 children.

(b) External Eye

77 cases were treated at the hospitals associated with the Scheme and 105 at the School Clinic. The former included surgical treatment of 5 cases of strabismus. Other cases treated included corneal ulcer 2, keratitis 1, iritis 1, and orbital cellulitis 1. 60 cases of squint and amblyopia had orthoptic treatment.

Ear

14 cases were treated at the hospitals associated with the Scheme. 78 cases were treated at the School Clinic.

Nose and Throat*(a) Tonsils and Adenoids*

26 cases had operative treatment at the hospitals associated with the Scheme.

(b) Other Diseases and Defects

5 cases were treated at the hospitals associated with the Scheme.

Infectious Diseases

22 cases of infectious diseases were seen at the School Clinic.

Cleanliness

Nits were present in 20.8% (17.2%) of girls' heads and 1.2% (3.9%) of boys' heads. The over all percentage shows little change from last year's figures, which are in brackets.

Minor Injuries, etc.

72 cases were treated at the School Clinic.

"Following up" of children inspected and found to be suffering from physical defects:—

Number of children visited	....	....	968	(1,807)
Number of visits paid	....	....	1,173	(2,091)
Number of attendances at the School Clinic for				
Treatment of Minor Ailments	....	....	1,809	(1,512)
Total Number of Attendances at the School Clinic			5,152	(6,833)

The figures for 1953 are in brackets.

Children residing in the County and attending Schools within the Borough.

Referred to the County School Medical Service for treatment:

For Nose and Throat Defects	....	....	6
For Eye Defects	....	....	93
For Ear Defects	....	....	2

GENERAL COMMENT

During the year under review children were referred, where necessary, to the special clinics conducted by Dr. Curtin for children suffering from cerebral palsy, rheumatic heart disease and coeliac disease. Fifteen children suffering from congenital heart disease were referred to the cardiological unit in St. Finbarr's Hospital. Some of these have been found suitable for operation. Seven cases were referred to the orthopaedic surgeon.

It will be noted that there is an appreciable decrease in the numbers of eye, ear, nose and throat cases treated at the hospitals associated with the Scheme. It is hoped that the difficulties, which have arisen and are largely responsible for this decrease, will be overcome during 1955.

Forty-six tuberculin tests were performed during the year as compared with 171 last year. This is due to the fact that many children who now come to the clinic have already had BCG.

Localised aspiration pneumonia continues to be found reasonably often in children and these cases were, as usual, referred to the physiotherapist for breathing exercises. The total number referred to the physiotherapist during the year for these exercises was 32.

Three hundred and sixty-five cases were screened during the year.

Seventeen children were admitted to hospital. Four of these were suffering from tuberculous cervical adenitis, 2 from primary pulmonary tuberculosis and one each from post primary pulmonary tuberculosis, acute submandibular pyogenic abscess, acute pyelitis, rheumatic fever, acute streptococcal throat with pneumonitis, appendicitis, acute mastoiditis with chicken pox, lymphatic leukemia, dislocation of the shoulder joint, hairball in the stomach and bronchiectasis (for lobectomy).

School Meals

The Grant for the Meals was £5,000 and the number of children catered for, 3,951. The meals were given in twenty-four schools and were as follows:—

- A. Milk—Central District.
- B. Milk with buns, or bread and jam—The Cathedral, St. Mary's, Eason's Hill, St. Francis' Boys, St. Francis' Girls, St. Marie's of the Isle, SS. Peter and Pauls' Senior Girls, SS. Peter and Paul's Infant Girls, SS. Peter and Pauls' Infant Boys, St. Nicholas Girls, Blackpool, Strawberry Hill Boys, Strawberry Hill Girls, Presentation Brothers' Monastery, Greenmount, St. Mary's of the Rock.
- C. Cocoa and buns or bread and jam—Christian Brothers', Blarney Street, North Presentation Convent Senior Girls, North Presentation Convent Infant Boys and Girls, Clochar Christ and Ri, South Presentation Convent Girls, South Presentation Convent Boys, St. Joseph's Monastery, Mardyke.
- D. Milk and buns to juniors and buns only to seniors—St. Nicholas' Boys, Blackpool, South Presentation Monastery.
- E. Buns—St. Vincent's Convent.

Table 58.—Floor Space per Pupil in Average Attendance:

NATIONAL SCHOOL	Average Attendance	Square ft. per pupil in average attendance
Clochar Chríost an Rí	665.5	6.6
Angel Guardian, Mayfield	253	7.9
South Presentation Convent—Infant Boys	269.5	8.3
Mainistir Chríost an Rí	551	9.0
North Presentation Convent—Senior	969.9	10.2
Christian Brothers, Blarney Street	434.2	11
Scoil Neasain Naomhtha	458.4	11
Strawberry Hill Boys	148.4	11
North Presentation Convent Infants	664.1	11
Strawberry Hill Girls	151.7	11.2
St. Patrick's Senior Boys	219.1	11.3
South Presentation Convent Girls	1,385.0	11.5
St. Mary's of the Rock	265	11.8
St. Vincent's Convent	1,292.1	11.9
St. Nicholas Girls, Blackpool	307.7	12.2
The Cathedral	369.7	12.3
North Monastery Senior	466.3	12.4
St. Marie's of the Isle	1,104.8	12.5
North Monastery Junior	399.4	13.1
St. Nicholas Boys, Blackpool	407	14
St. Francis' Boys	140	14
SS. Peter and Paul's Senior Girls	118.9	15.7
St. Patrick's Infants	334.6	15.8
South Presentation Monastery	340.4	16
Presentation Brothers, Greenmount	455.3	16.3
St. Patrick's Senior Girls	186.4	17.3
SS. Peter and Paul's Infant Girls	100.4	17.4
St. Mary's, Eason's Hill	148.2	19
St. Joseph's Monastery, Mardyke	254.8	19.1
SS. Peter and Paul's Infant Boys	87.5	20
St. Francis' Girls	44.6	20
Bun Scoil Gobnatan	136.7	21.6
Ard Scoil Gobnatan	85.5	31
Central District	48.3	34
Scoil Barra	114.7	39.9
St. Finbarr's, Dean Street	38.9	40.1
Summerhill	26.8	80.6
St. Luke's	27.1	80
St. Mary Shandon	12.5	107.4
St. Nicholas, Cove Street	24.5	155.9

SCHOOL DENTAL CLINIC

TOTAL RETURNS FOR THE YEAR 1954

Number of Children Inspected	....	....	3,988
Number of Children Requiring Treatment	....	....	3,008
City Children	....	2,205	
County Children	....	803	
Total Attendances	....	7,438	
Including	....	3,077	New Cases (first visits of current year).
		985	Casual Cases*
		2,838	Completed Cases.
Broken Appointments	....	1,050	

* A Casual denotes a patient who commences treatment at the clinic by any means than by current school inspection.

Summary of Work Done for Total Attendances

Extractions under 1,264 General Anaesthetics:

6,116 Temporary Teeth.

1,994 Permanent Teeth.

Extractions under 1,794 Local Anaesthetics:

1,246 Temporary Teeth.

548 Permanent Teeth.

Conservation of 4,565 Permanent Teeth by 3,454 Fillings and 1,111 Silver Nitrate Treatments.

Conservation of 856 Temporary Teeth by 49 Fillings and 807 Silver Nitrate Treatments.

Conservation of 1,686 Permanent and Temporary Teeth by Temporary Fillings.

Scaling and Gum Treatments	....	438
Other Treatments	....	1,378
Dental X-rays	....	96
Oral Screenings	....	77

"When a patient cannot afford a complete medical service he is going to buy only that part of which he is in most urgent need. If we are to believe that there is a law of supply and demand as the economists tell us, the doctor is only going to stock those articles for which he has ready sale. Therefore, he is going to stock all the necessary knowledge and gadgets for giving appendix attention, or broken leg attention, but he is not going to trouble very much about housing attention, nutrition attention, industrial work attention, and so forth. As a corollary to this it is not surprising to find that, speaking broadly, the medical students are trained to give appendix attention but not housing attention, broken leg attention but not nutrition attention. In other words, the Universities all over the English-speaking world train their medical students to be hospital house surgeons but not health officers, in obedience to the law of supply and demand based on a fee-linked service."—DR. ALBERT BLANC, *Money, Medicine and Masses*, Wellington, New Zealand, 1949, p. 130.

(Quoted from *The Lancet*, 18th August, 1951, p. 294).

"Every kind of parent makes a hash of it" is a despondent aphorism born of modern psychiatric teaching; but there is some comfort for parents in the more recent view that deprivation of parental love—and even deprivation of the love of bad or incompetent parents—makes a super-hash, a kind of witches' brew.

Ibid. 26th May, 1951..

Section VI.—Control of Food Supplies

The following report has been contributed by Mr. S. R. J. Cussen, Chief Veterinary Officer:—

The Food Hygiene Regulations 1950, were made by the Minister for Health in exercise of the powers conferred on him by the Health Act, 1947. These Regulations came into operation on the 1st February, 1951, except Part 4 which deals with the Registration of Food Premises.

The Health Act repealed, among other enactments, Sections 132 to 136 of the Public Health (Ireland) Act 1878, which gave power to deal with the seizure, condemnation, and destruction of unsound food. The power to deal with unsound food is now conferred by Part of the Food Hygiene Regulations. Part 2 of the Regulations deals with: (a) the sale of unfit food; (b) importation of unfit food; (c) inspection of articles of food, sampling, etc. Part 3 deals with food premises, food stalls, transport and handling of food.

The provisions of the Regulations are enforced by Local Authority, Veterinary Inspectors and Health Inspectors. The duties of the Veterinary Inspectors are confined principally to the inspection of milk and meat and may be summarised as follows:—

(1). Inspection of meat and meat products, derived from cattle, sheep, pigs, and goats, at butchers (including pork butchers) shops and stalls. They will also be responsible to the Health Authority for ensuring compliance with the regulations in respect of such premises.

(2). The inspection of milk and dairy premises and the enforcement of the provision of the Milk and Dairies Act and Regulations made thereunder.

(3). The enforcement of the provisions of the Slaughter of Animals Act in regard to the humane treatment of animals at slaughterhouses and the licensing of slaughtermen.

(4). In Local Authority areas where one or more wholetime veterinary inspectors are employed, the veterinary inspector will be responsible for the inspection of poultry in premises where poultry are dressed and prepared or slaughtered for sale, and he will also be responsible for the inspection of such premises.

(5). The enforcement of byc-laws relating to slaughterhouses, public abattoirs, and the sale of meat.

A.—SUPERVISION OF MILK SUPPLY

(a) Sediment or Dirt Test

Milk produced or handled in a careless way will often be contaminated by physical or visible dirt, i.e., dirt that is easily seen when milk is filtered through a clean cotton wool pad. The test carried out for the detection of this visible dirt is known as the sediment test. This test has been described fully in previous reports and it is not proposed to make further reference to it here.

Satisfactorily produced milk gives no visible dirt, if unsatisfactorily produced, it gives a yellowish brown or blackish deposit on the pad.

During the year there were 1,088 tests carried out with the following results:—

Very Clean	....	....	....	74
Clean	....	....	....	398
Fairly Clean	....	....	....	466
Dirty	....	....	....	140
Very Dirty	....	....	....	10

There was a noticeable improvement in the production and handling of milk, as the results of the test show. This improvement is in no small way due to the activities of Mr. Meegan who was employed by the Co. Council during the year, mainly for the purpose of cleaning up the Milk Supply in the production area.

(b) Reductase Test

322 milk samples were collected and examined in the laboratory. These samples were subjected to the reductase, and microscopic tests, and also to the biological test—when there were guinea pigs available.

The modified Wilson reductase test was used. This has been fully described in previous reports.

In order to assist in the interpretation of the results the values attached to the various grades are appended:

GRADE	No. of Samples	INTERPRETATION OF RESULTS
I.	216	Less than 500,000 Bacteria per c.c.
I.	81	500,000 to 4,000,000 Bacteria per c.c.
III.	20	4,000,000 to 20,000,000 Bacteria per c.c.
IV.	5	Over 20,000,000 per c.c.
TOTAL	322	

(c) Microscopic Test

The following are the results of this test, it was carried out for the detection of Acid Fast Bacilli (the group to which the Tubercle Bacillus belongs) and other organisms:

Acid Fast Bacilli	....	....	....	Nil.
Streptococci	....	....	....	14
Pus Cells	....	....	....	2
Blood	....	....	....	2
Normal	....	....	....	304
TOTAL	....	....	....	322

(d) Biological Test

This is a far more reliable test for the detection of Tubercle Bacilli in milk than the Microscopic Test.

It has not been practicable to apply this test to all samples of milk collected, mainly owing to the impossibility of procuring sufficient guinea pigs. For this reason it was found possible only to examine 41.

The results obtained are as follows:

No. of Tests	Positive	Proportion Positive
41	3	7.317

Over a period of 25 years 1,777 tests have been carried out yielding an approximate proportion of 4.5 per cent. positive, this may be regarded as a fairly accurate index of the amount of tubercle infection in the local milk supply.

Work Carried Out for the Dept. of Agriculture

Over and above the samples referred to, 149 samples were examined on behalf of the Dept. of Agriculture. These included 35 samples collected within the Borough Boundary and the results obtained with these samples are given below. (The other samples coming as they did from outside sources are not regarded as being within the scope of this report).

The 35 samples collected within the City Area were made up as follows:

Highest Grade	....	....	....	12
Standard	....	....	....	3
Pasteurised	....	....	....	11
Pre-pasteurised	....	....	....	9
				<hr/>
				35

Eleven of the *Highest Grade* samples fell into Grade I. of the Reductase Test, 1 sample fell into Grade II. In the case of *Standard Milk*, 3 samples fell into Grade I. B. Coli were found in 3 of the Highest Grade Samples and in none of the Standard Group.

The average fat content was 3.4 per cent. for Highest Grade and 3.5 per cent. for Standard Milk.

Of the 11 samples of Pasteurised milk examined, 11 complied with the provisions of the Milk and Dairies (Special Designations) Regulations 1938, *i.e.*, each sample did not contain more than 100,000 bacteria per ml.

In the case of the pre-pasteurised milk, 4 samples complied with the provisions of the Milk and Dairies (Bacteriological Examinations) Regulations, 1936, *i.e.*, each sample contained less than 500,000 Bacteria per ml.

Five samples failed to comply. The Pasteurised and Pre-pasteurised milk samples were collected at the Dairy Science Institute, University College, Cork.

The Highest Grade Milk was produced at the University College Dairy Farm. The Standard Milk was produced by Mr. E. J. Clarke, Aghamarta, Carrigaline. Who went out of production in March, 1954.

Over and above the 149 samples examined for the Dept. of Agriculture, 29 samples were examined microscopically on behalf of the South Cork Board of Health, the results being transmitted to the Co. Medical Officer and the Veterinary Surgeon who submitted the samples.

Dairy Premises and Milch Cows

There are 4 registered milk producers within the City area. The total number of milk cows is 36.

Frequent inspections of the dairy premises were carried out and they were found in a satisfactory state of cleanliness. Milch cows were examined quarterly and were found clinically free from disease. Milk samples were negative for pathogenic Bacteria.

The Price of Milk

Owing principally to rising costs of production the price of milk has been steadily increasing since 1940. Trends in this area are shewn in the following tables:

(a) Price of loose milk (*Producer to retailer*)

			s.	d.	per gallon
1939	....	....	0	11 $\frac{1}{8}$	
1940	....	....	0	11 $\frac{1}{8}$	"
1941	....	....	1	1 $\frac{1}{3}$	"
1942	....	....	1	1 $\frac{1}{3}$	"
1943	....	....	1	3	"
1944	....	....	1	5 $\frac{1}{8}$	"
1945	....	....	1	6.83	"
1946	....	....	1	6.85	"
1947	....	....	1	10 $\frac{1}{2}$	"
1948	....	....	1	11 $\frac{1}{2}$	"
1949	....	....	1	11 $\frac{3}{4}$	"
1950	....	....	1	11 $\frac{1}{2}$	"
1951	....	....	2	0 $\frac{1}{2}$	"
1952	....	....	2	1 $\frac{1}{4}$	"
1953	....	....	2	2 $\frac{2}{3}$	"
1954	....	....	2	3	"

(b) Price of loose milk (*retailer to consumer*):

			d.	d.	per loose pint
1940	....	....	2 $\frac{1}{2}$	to 3	
1941	....	....	2 $\frac{1}{4}$	" 3	"
1942	....	....	2 $\frac{1}{2}$	" 3 $\frac{1}{4}$	"
1943	....	....	2 $\frac{1}{2}$	" 3 $\frac{1}{2}$	"
1944	....	....	2 $\frac{3}{4}$	" 3 $\frac{1}{2}$	"
1945	....	....	2 $\frac{3}{4}$	" 3 $\frac{1}{2}$	"
1946	....	....	2 $\frac{3}{4}$	" 3 $\frac{3}{4}$	"
1947	....	....	3 $\frac{1}{4}$	" 4 $\frac{1}{4}$	"
1948	....	....	3 $\frac{1}{4}$	" 4	"
1949	....	....	3 $\frac{1}{2}$	" 4 $\frac{1}{4}$	"
1950	....	....	3 $\frac{1}{2}$	" 4 $\frac{1}{2}$	"
1951	....	....	3 $\frac{1}{2}$	" 4 $\frac{3}{4}$	"
1952	....	....	3 $\frac{3}{4}$	" 4 $\frac{3}{4}$	"
1953	....	....	4	" 5	"
1954	....	....	4 $\frac{1}{2}$	" 5	"

The retail price of milk was first fixed in September 1940, by the Minister for Industry and Commerce and this price is varied from time to time by the Minister on the recommendation of the Prices Advisory Body.

Consumption of Milk

The amount of milk consumed shews a tendency to increase. There is no reason to doubt that this increase would be greatly accelerated if the character of the supply were more satisfactory. The tendency to souring, which is such a marked characteristic in warm weather, is bound to have a deterrent effect on the majority of people. The *average daily* consumption during the year 1954 was 9,780 gallons. The trend in this direction is shewn as follows:

YEAR	Consumption
1940	8,444 <i>gallons</i>
1941	8,497 "
1942	8,808 "
1943	9,037 "
1944	9,028 "
1945	9,356 "
1946	9,477 "
1947	9,524 "
1948	9,648 "
1949	9,781 "
1950	9,863 "
1951	9,853 "
1952	9,787 "
1953	9,215 "
1954	9,780 "

These figures apply to the Cork Milk Board Area (which comprises a wide area outside the City). There are no figures for milk consumption in the County Borough itself. I am indebted to the Secretary of the Board for the information.

Prosecutions

(A). Milk and Dairies Act, 1935.

Four prosecutions were undertaken for failure to observe the provisions of the above act, 3 were successful and 1 struck out—the total fines imposed amounted to £3 0s. 0d.

(B). Milk and Dairies Regulations, 1936.

Thirty-two prosecutions were undertaken for failure to observe the provisions of the Regulations. 31 were successful and 1 was marked proved. The total fines imposed amounted to £34 0s. 0d.

(B) MEAT INSPECTION

(a) Meat Inspection Depot

No. of Carcasses examined:

Beef	....	....	....	6,636
Mutton	....	....	....	35,446
Veal	....	....	....	962
Pork	....	....	....	34

Table 59.—Carcases found affected with Tuberculosis:

VARIETY	Wholly Condemned	Partially Condemned	TOTAL
Beef	5	949	954
Mutton	—	—	—
Veal	4	15	19
Pork	—	2	2

Table 60.—Carcases found affected with diseases other than Tuberculosis:

VARIETY	Wholly Condemned	Partially Condemned	TOTAL
Beef	2	1	3
Mutton	3	3	6
Veal	1	—	1
Pork	—	1	1

Table 61.—Total amount of Meat Condemned:

VARIETY	Tuberculosis		Other Diseases	
Beef	6,215	Lbs.	1,160	Lbs.
Mutton	—	„	213	„
Veal	742	„	25	„
Pork	5	„	5	„

Table 62.—Total amount of Offals Condemned:

TUBERCULOSIS	OTHER DISEASES
22,489 Lbs.	3,375 Lbs.

(b) SLAUGHTERHOUSES

Under the Meat Inspection Bye-Laws inspection of meat takes place in the afternoon on Monday, Wednesday and Thursday at three semi-public Slaughterhouses. This helps to relieve the congestion at the Meat Inspection Depot.

No. of Carcases examined:

Beef ....	....	....	1,645
Mutton ....	....	....	9,765
Veal ....	....	....	963

Table 63.—Carcases found affected with Tuberculosis:

VARIETY	Wholly Condemned	Partially Condemned	TOTAL
Beef	6	294	300
Mutton	—	—	—
Veal	4	2	6

Table 64.—Carcases found affected with Diseases other than Tuberculosis:

VARIETY	Wholly Condemned	Partially Condemned	TOTAL
Beef	—	—	—
Mutton	1	—	1
Veal	1	1	2

Table 65.—Total amount of Meat Condemned:

VARIETY	Tuberculosis	Other Diseases
Beef	7,089	—
Mutton	—	60
Veal	250	50

Table 66.—Total amount of Offals Condemned::

TUBERCULOSIS	OTHER DISEASES
5,806	1,737

Table 67.—Unsound Food surrendered by traders for destruction:

Beef	14,464 lbs.
Veal	967 lbs.
Fish	4,620 lbs.
Candied Peel	2 lbs.
Glaze Cherries	3 lbs.
Grapes	16 boxes
Apples	21 boxes
Tomatoes	28 boxes

SLAUGHTER OF ANIMALS ACT 1935

The provisions of this Act were outlined in the 1937 Annual Report, it is not proposed to make further reference to them here.

Thirty-five Licenses were issued under Part III. of the Act.

PREPARATION OF MEAT AND MEAT PRODUCTS

The number of premises within the City where meat and meat products are prepared for human consumption is as follows:—

Slaughter Houses:

Licensed	....	....	....	....	11
Registered	....	....	....	....	2
Registered under the Fresh Meat Act	....	....	....	....	4
Bacon Factories	....	....	....	....	4
Sausage Factories	....	....	....	....	10
Triperies	....	....	....	....	4

(C). SALE OF FOOD AND DRUGS ACTS.

MILK

Appended herewith is the Report of the City Analyst (Mr. D. J. O'Sullivan, M.Sc., F.I.C.).

Table 68.—Samples submitted for Analysis during the year and the results thereof:

Quarter ended	No. of Samples	Genuine	Adul-terated
March 31st, 1954	114	106	8
June 30th, 1954	97	86	11
Sept. 30th, 1954	86	80	6
Dec. 31st, 1954	72	71	1
TOTALS	369	343	26

BUTTER

Table 69.—Samples submitted for analysis during the year and the results thereof:

Quarter ended	No. of Samples	Genuine	Adul-terated
March 31st, 1954	3	3	—
June 30th, 1954	2	1	1
Sept. 30th, 1954	1	1	—
Dec. 31st, 1954	2	2	—
Totals	8	7	1

SPIRITS

Table 70.—Samples submitted for analysis during the year and the results thereof:

Quarter ended	No. of Samples	Genuine	Adul-terated
March 31st, 1954	5	4	1
June 30th, 1954	3	3	—
Sept. 30th, 1954	7	7	—
Dec. 31st, 1954	13	13	—
TOTALS	28	27	1

Table 71.—Miscellaneous samples submitted for analysis during the year and the results thereof:

Quarter ended	No. of Samples	Genuine	Adulterated
March 31st, 1954	143	143	—
June 30th, 1954	190	189	1
Sept. 30th, 1954	178	176	2
Dec. 31st, 1954	140	140	—
TOTALS	651	648	3

Table 72.—Showing details in regard to miscellaneous samples examined during the year:

ARTICLES	No. of Samples	ARTICLES	No. of Samples
Chocolate	5	Soreen	1
Margarine	14	Corn Beef	2
Honey	1	Ice Cream	28
Custard Powder	22	Bournvita	3
Pearl Barley	2	Salt	5
Sausages	12	Sardines	13
Drugs	106	Salad Dressing	5
Cheese	14	Pickles	4
Cocoa	10	Peas	17
Beer	6	Icing Sugar	7
Flour	8	Tea	20
Cornflour	22	Beans	11
Coffee	13	Ginger	1
Vinegar	10	Phensic	1
Oatmeal	9	Condensed Milk	8
Cream	12	Tea Cake Mixture	2
Mineral Waters	15	Biscuits	1
Jam	13	Pie Filling	1
Jelly	18	Sandwich Spread	3
Brookle	1	Pepper compound	4
Macaroni	2	Ovaltine	2
Semolina	8	Marmite	1
Sauce	20	Canned Salmon	2
Rice	5	Syrup	2
Lard	2	Flavouring Essence	10
Lemon Curd	1	Cookeen	2
Sago	2	Mincemeat	2
Bisto	12	Spice	3
Patent Food	1	Preserved Fruit	9
Pepper	14	Suet	2
Bovril	7	Erinox	1
Cider	2	Farola	2
Soup Powder	20	Tinned Vegetable	2
Meat Paste	3	Peel	1
Mustard	13	Treacle	1
Sweets	38	Pudding	2
Brawn	1	Crystals	3
Thyme	1		
Herbs	1		
Cereal	1		
		TOTAL	651

Table 73.—Return of Offences detected by the Food and Drugs Inspectors during the year:

Particulars of Offence			Results of Proceedings			
			Fines	Costs		
Milk Deficient in fat	1 sample	5%	Vendor	Warned		
		6%				
		6%			2/6	17/5
		6%			20/-	17/5
		8%			10/-	17/4
		8%			5/-	17/5
		8%			1/-	17/4
		8%			5/-	17/4
		8%			5/-	17/-
		8%			20/-	17/4
		8%			2/6	17/4
		10%			10/-	17/4
		10%			10/-	17/4
		10%			10/-	17/4
		10%			Marked proved	17/4
		10%			20/-	17/4
		10%			10/-	17/5
		11%			20/-	17/5
		13%			1/-	17/5
		13%			10/-	17/4
		15%			5/-	17/5
		15%			20/-	17/4
		16%			5/-	17/4
		23%			Marked proved	17/4
		36%			70/-	17/5
		Milk deficient in Milk solids				
			1 sample	8%	40/-	17/4
Milk deficient in Milk solids and fat						
	1 sample	6% & 3%	5/-	17/5		
Butter added water						
	1 sample	1.8%	10/-	20/6		
Whiskey added water						
	1 sample	3.1%	50/-	27/6		
Ice cream deficient in Milk fat						
	1 sample	48%	20/-	18/6		
	1 sample	42%	30/-	19/-		
Semolina						
	1 sample had 1.1% of sugar		Vendor	Warned		

D. FOOD HYGIENE REGULATIONS

Since the coming into force of the Food Hygiene Regulations on the 1st February, 1951, considerable improvements have been made to food premises in the City. These improvements are particularly noticeable in Hotels, Restaurants and Food Manufacturing premises, the main features being the resurfacing of the walls and ceilings of kitchens and food rooms with glazed tiles, the laying of non-skid tiled floors, the improvement of ventilation and lighting, the re-siting and modernizing of equipment, and in some of the larger premises the provision of rest rooms.

152 proprietors were refused registration of their food premises and the majority of them appealed to the Minister for Health against the Corporation's decision. Considerable time was taken up in reporting on the

progress of reconstruction work in these premises and they are gradually being brought up to the standard required by the Corporation. During the year the Minister for Health directed the Corporation to register twenty premises which had been brought up to the required standard.

There has been a marked improvement in the handling and display of food in food premises. All the fish merchants and the majority of butchers have provided glazed display windows to their shops. Their windows help to protect against contamination, the food displayed and give it a more attractive appearance.

In conclusion I must stress that even though the Food Hygiene Regulations 1950, give ample power to local authorities to control the storage, distribution and handling of food, education of food handlers in food hygiene is just as important. Until food handlers understand why it was necessary to introduce such comprehensive control over the handling of food they will not co-operate fully in the campaign for better food handling.

Table 74.—Food Hygiene Regulations, 1950. Analysis of work carried out by *Health Inspectors*:

PREMISES	DISTRICTS								Total
	1	2	3	4	5	6	7	8	
Hotels	74	—	52	—	41	2	1	—	170
Restaurants	133	—	54	—	264	—	20	5	476
Confectionery	14	—	107	1	103	4	11	1	241
Ice Cream Manufacture	3	1	62	6	7	24	51	3	157
Bakeries	11	—	110	5	24	12	29	6	197
Food Manufacture	13	16	143	3	35	17	26	29	282
Food Stalls	17	3	27	—	350	5	—	46	448
Food Vehicles	75	52	1	12	10	—	7	24	281
Other Food Premises	295	144	176	623	794	314	640	224	3,210
Occasional Food Premises	—	—	2	—	6	—	1	1	10
Premises Registered	8	7	4	5	34	3	5	7	73
Provisional Registration	3	—	1	3	2	—	—	—	9
Registration Refusals	4	7	6	4	23	5	—	6	35
Notices Served	12	8	5	8	71	8	5	13	130

Two prosecutions were undertaken (under Art. 25) defendants were fined 140/- (plus 10/- costs).

Table 75.—Food Hygiene Regulations, 1950. Work carried out by *Veterinary Department*:

PREMISES	By c.v.o.	By Asst. c.v.o.	By Health Inspector	Total
Triperies	5	71	22	98
Meat Markets	272	335	205	812
Meat Shops	1,446	708	1,133	3,287
Sausage Factories	250	335	28	613
Food Stalls and Hawkers' Stands	148	28	455	621
Other Food Premises	1,789	54	892	2,735

Premises Registered	....	....	26
Provisional Registrations	....	....	2
Registration Refusals	....	....	77
Notice Served	....	....	113

Prosecutions:

Seven persons were prosecuted for non-observance of the above Regulations.

Six convictions were obtained and fines amounting to £8 0s. 0d. and costs imposed. One was marked proved.

With reference to the successful prosecutions:—

						Fine and Costs
2	Summonses	were	brought	under	Article 25 (1)	£3 0 0
1	"	"	"	"	" 25 (15)	1 0 0
1	"	"	"	"	" 31 (3)	2 0 0
1	"	"	"	"	" 25 (2)	1 0 0
1	"	"	"	"	" 9 (1A)	1 0 0
						£8 0 0

Our tragedy is that for farmers in North America, and to a lesser extent in Western Europe, a good harvest is a misfortune. We can neither distribute their surplus to the needy nor store it against an uncertain future. From the time of the Pharaohs until the Industrial Revolution, everywhere a good harvest was a blessing to all. The juxtaposition of unsaleable surpluses and destitution is a modern phenomenon; at present we lack the social mechanism for utilising the blessing which a good harvest should bring to all.

The Lancet, 31st October, 1953 (Special Article).

"The human make up is certainly changing; we alter ourselves merely by knowing more about ourselves yearly. Perhaps, under the thrust of scientific inventions, the change will proceed still quicker. Perhaps, after the storms have swept by and the aeroplanes crashed into one another and wireless jammed wireless, a new creature may appear on this globe, a creature who, we pretend, is here already: the individual."

—E. M. FORESTER. *Two Cheers for Democracy*. London, 1951; p. 22.

Section VII.—Water Supply

BACTERIOLOGICAL EXAMINATIONS

In the report for 1931 I outlined the procedure adopted in connection with the examination of the supply at the bacteriological laboratories of University College, Cork, by Prof. W. J. O'Donovan. In the year 1928 Dr. O'Donovan undertook a detailed and systematic examination in which a very large number of samples were studied. Our subsequent procedure has been based on his findings of that year and his recommendations have resulted in a supply of a consistently high degree of purity. In 1954, as in former years, samples were collected and examined on five days during each week. The procedure included an estimate of the number of bacteria growing at 37°C. in 48 hours. The total number of samples examined amounted to 254. The average number of bacteria in 1 c.c. was 9.5.

The routine procedure in connection with these examinations is that samples are collected by the staff of the Public Health Department in special sterilised bottles. These samples are transmitted to the Laboratory for examination. A report is sent to the City Medical Officer who, in turn, sends a copy to the Water Engineer. In the event of an unsatisfactory sample coming to light in the laboratory the subsequent cycle of events is speeded up by telephonic communications between the various departments pending receipt of a subsequent formal report. In this manner there is exercised a triple check in the purification and distribution of the supply.

In the following tables are summarised the results of the various examinations carried out during the year (and previous years) at the Bacteriological Laboratories, U.C.C., by Prof. O'Donovan and his staff.

Table 76.—Summary of results of routine examinations of water:

Total Routine Samples of Tap Water	Bacillus Coli Test					Average daily No. of Bacteria per c.c.	No. of Samples sterile in 1 c.c.
	100 c.c's —ive	100 c.c's + ive	50 c.'s + ive	10 c.'s + ive	1 c.'s + ive		
254	252	—	1	1	—	9.5	—

As stated above, the examinations carried out during the year included an estimation of the numbers of bacteria growing at 37°C. in 48 hours. The findings are set out in the following table and compared with those of previous years.

Table 77.—Comparative results of examinations of tap water made during each of the years from 1934 to 1954.

Year	Total number of samples examined	BACILLUS COLI TEST				
		100 ml + ive	100 ml + ive	50 ml +ive	10 ml +ive	1 ml + ive
1934	261	249 (95.4%)	4 (1.5%)	6 (2.3%)	2 (0.8%)	— —
1935	252	235 (93.2%)	3 (1.2%)	7 (2.8%)	5 (2%)	2 (0.8%)
1936	252	244 (96.8%)	2 (0.8%)	5 (2%)	1 (0.4%)	— —
1937	253	235 (92.9%)	11 4(.3%)	6 (2.4%)	0 —	1 (0.4%)
1938	254	251 (98.8%)	1 (0.4%)	0 —	1 (0.4%)	1 (0.4%)
1939	259	254 (98.0%)	1 (0.4%)	3 (1.2%)	1 (0.4%)	— —
1940	261	244 (92.7%)	2 (0.8%)	10 (3.8%)	5 (1.9%)	2 (0.8%)
1941	266	255 (92.1%)	10 (3.7%)	8 (3%)	1 (0.4%)	2 (0.8%)
1942	254	244 (96.1%)	3 (1.2%)	2 (0.8%)	5 (1.9%)	— —
1943	255	253 (99.2%)	—	—	2 (0.8%)	0 —
1944	255	239 (93.7%)	—	6 (2.4%)	7 (2.7%)	3 (1.2%)
1945	255	246 (96.5%)	—	3 (1.2%)	4 (1.5%)	2 (0.8%)
1946	254	252 (99.0%)	—	1 (0.4%)	1 (0.4%)	0 —
1947	257	249 (96.9%)	1 (0.4%)	1 (0.4%)	6 (2.3%)	0 —
1948	253	246 (97.2%)	0 —	3 (1.2%)	1 (0.4%)	3 (1.2%)
1949	254	246 (96.8%)	2 (0.8%)	4 (1.6%)	2 (0.8%)	0 —
1950	251	251 (100%)	0 —	0 —	0 —	0 —
1951	253	252 (99.6%)	0 —	0 —	1 (0.4%)	0 —
1952	253	249 (98.4%)	0 —	1 (0.4%)	3 (1.2%)	0 —
1953	253	247 (97.6%)	6 (2.4%)	0 —	0 —	0 —
1954	254	252 (99.2%)	0 —	1 (0.4%)	1 (0.4%)	0 —

The bacteriological results indicate that a high degree of purity was maintained during the year.

Table 78.—Average number of bacteria per cubic centimetre growing at 37°C. from daily sample for each month.

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1932	14.0	0.8	1.6	4.6	4.5	5.4	44.1	20.3	2.2	4.6	4.7	2.2
1933	1.8	1.0	1.1	1.5	1.8	4.1	19.2	14.6	2.7	2.1	1.3	3.9
1934	1.1	1.6	1.3	1.4	3.4	21.2	18.4	7.4	1.7	4.0	4.2	4.0
1935	2.9	2.7	1.6	1.0	2.7	2.1	2.9	5.2	8.9	7.9	4.4	1.2
1936	1.2	1.2	0.9	1.6	1.9	1.9	5.0	1.8	3.4	1.4	2.7	3.9
1937	4.1	2.8	1.4	1.2	0.7	0.2	3.7	1.0	2.8	6.4	2.8	5.4
1938	1.8	2.2	1.9	1.5	0.9	1.4	2.0	1.4	2.2	2.0	2.6	2.2
1939	1.7	1.4	2.9	2.6	1.7	21.5	6.6	6.7	3.0	30.8	9.4	3.5
1940	1.8	5.3	1.8	1.0	1.3	4.4	11.8	4.2	4.5	4.5	4.5	2.8
1941	2.2	0.7	2.8	1.6	10.1	7.3	4.6	4.1	1.4	1.6	7.2	1.4
1942	3.4	2.7	7.0	2.6	2.5	3.9	5.8	4.9	6.4	2.1	4.8	3.0
1943	2.3	1.2	1.3	1.7	2.4	6.0	5.1	1.2	4.7	2.3	1.9	2.5
1944	2.6	2.0	2.2	2.2	1.3	1.4	2.5	4.3	3.1	1.9	1.8	2.9
1945	2.2	2.3	2.4	2.3	1.8	2.1	3.7	3.7	2.7	3.2	2.4	2.1
1946	2.6	3.1	1.6	2.3	2.1	2.9	2.1	1.2	1.2	5.3	2.9	1.7
1947	2.7	1.8	2.2	2.2	3.5	1.1	1.7	2.3	2.4	2.0	2.6	2.4
1948	3.3	2.5	3.4	2.0	2.2	4.1	3.8	2.8	2.5	3.3	2.9	1.8
1949	3.5	5.0	3.9	3.4	3.4	3.8	4.3	4.0	5.2	6.1	5.4	3.5
1950	4.4	4.6	3.2	4.5	2.4	2.9	7.4	5.6	5.1	9.9	7.9	7.9
1951	4.3	4.5	5.6	3.9	3.8	5.9	3.5	3.0	6.1	7.1	5.9	5.0
1952	8.6	28.4	7.5	7.2	3.6	6.5	5.6	25.5	7.0	7.4	5.4	4.8
1953	4.6	3.0	4.6	9.2	4.0	5.5	6.0	94.3	32.9	11.1	4.8	7.5
1954	5.8	10.7	6.4	9.0	6.0	4.1	8.4	4.3	8.3	9.8	18.0	10.7

Table 79.—Showing average consumption of Water per Head, per Day (in gallons).

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1934	39.6	40.0	39.1	39.9	39.2	42.1	42.8	40.6	41.4	38.6	39.0	40.2
1935	38.5	40.2	40.1	41.2	41.2	43.6	64.8	48.1	46.5	43.5	43.4	35.2
1936	47.6	44.1	44.0	44.4	46.5	47.1	47.1	46.4	44.5	44.8	44.1	43.8
1937	42.7	43.1	41.8	41.6	45.1	45.9	45.9	46.3	45.7	45.0	43.1	43.2
1938	41.5	40.3	39.5	41.4	40.5	40.5	40.9	39.8	41.3	40.6	39.7	41.8
1939	45.6	40.9	39.9	40.1	40.0	44.2	42.8	41.6	41.8	39.5	37.5	37.2
1940	44.7	43.1	39.8	39.3	40.2	44.0	44.9	42.6	41.9	38.6	36.7	39.3
1941	38.5	39.1	39.2	37.9	38.9	40.8	43.1	42.6	42.0	40.4	38.8	37.5
1942	36.7	36.5	36.3	37.4	37.7	38.5	41.1	39.6	39.7	37.7	37.6	36.4
1943	35.5	35.6	36.4	38.0	37.7	39.3	43.3	40.4	42.1	40.2	35.7	37.8
1944	35.2	36.8	38.1	37.6	38.8	38.5	35.0	36.3	40.8	36.7	35.9	36.8
1945	38.8	50.0	40.3	41.0	41.2	43.2	44.2	42.6	44.0	41.3	39.0	40.0
1946	38.8	38.9	39.8	40.3	40.5	40.7	42.4	41.2	42.3	42.6	40.9	40.5
1947	42.9	45.3	44.5	42.0	43.5	46.4	46.0	47.8	46.9	44.8	43.9	46.8
1948	44.5	43.4	45.3	45.1	45.4	47.1	48.0	46.8	47.0	47.3	44.8	45.2
1949	42.8	43.2	43.1	44.8	45.6	49.0	51.2	46.0	49.7	47.1	46.7	47.3
1950	46.3	46.4	46.4	45.9	48.1	52.2	50.9	47.0	48.2	47.0	45.2	48.9
1951	45.9	45.3	46.0	47.0	48.4	49.4	52.6	48.4	50.0	51.1	48.7	47.7
1952	44.8	49.7	46.9	47.0	48.6	49.7	52.1	48.4	50.3	47.1	46.5	50.3
1953	48.8	46.9	42.3	44.1	44.4	46.1	48.1	44.7	45.6	42.2	42.2	42.2
1954	40.5	41.7	41.1	42.4	42.2	45.0	43.5	40.0	43.6	43.5	41.9	42.3

Section VIII.—Sanitary Department

Table 80.—Return of work performed by Health Inspectors.

District	INSPECTION OF								SERVED			
	Houses and Yards	Tenement Houses	Tenement Rooms	Infected Dwellings	Common Lodging Houses	Work Shops	Slaughter Houses	Factories	Out-workers	Justices Orders	Notices to abate nuisance	Shops
No. 1	4025	912	2302	18	—	192	—	7	—	15	185	613
No. 2	2198	935	2958	3	—	8	3	6	—	11	160	176
No. 3	3314	952	2500	93	7	22	7	30	—	6	126	56
No. 4	3235	1204	4748	6	5	1	—	—	—	17	184	575
No. 5	2180	983	3288	9	—	22	—	5	—	3	107	486
No. 6	4325	1734	3778	15	18	107	—	16	—	12	179	473
No. 7	3032	789	2576	16	—	2	—	9	—	4	197	543
No. 8	2821	2524	5550	—	5	8	2	49	—	7	153	201
Female Insp'ctor	—	—	—	—	—	1344	—	1605	152	—	3	—
Totals	25,120	10,033	27,700	160	35	1706	12	1,727	152	75	1,294	3,033

The number of inspections carried out by the Corporation Drain Tester was 3,095.

Table 81.—Additional Duties carried out by the Health Inspector:

Reports made under the Housing (Miscellaneous Provisions) Act, 1931	Sections 23 and 25	33
Notices Served	Section 23	73
Demolition Orders Served		58
Reports made under The Housing (Amendment) Act, 1948 Part II.	Sections 7 and 8 (Control of Premises)	10
Prosecution	Section 8 (Control of Premises)	1
Reports made on the housing conditions of applicants for Corporation Houses		379
Notices (to abate nuisances in drains) served under the Local Government (Sanitary Services) Act 1948	Section 18	328
Reports made under the Local Government (Sanitary Services) Act 1948	Section 18	52
Cases in which the Corporation abated nuisances in Drains under the Local Government (Sanitary Services) Act 1948	Section 18	25
Houses on which provisional drainage orders were made under the Local Government (Sanitary Services) Act 1948	Section 12	0
Houses on which Provisional Water Supply Orders were made	Section 20	0
Reports made under The Factory and Workshops Acts 1901	Section 5	23
Reports on dangerous structures for transmission to the City Engineer		29
Miscellaneous Reports		35
Reports on the condition of Piggeries		4
Prosecutions against the owners of Piggeries for breaches of the Bye-Laws		3
Justices orders obtained to abate nuisances		75
Prosecutions for breaches of Justices Orders to abate nuisances		22
Samples taken under The Food and Drugs Act		1,056
Prosecutions for breaches of The Food and Drugs Acts		29

Summary of Inspections (not including inspections made under Food Hygiene Regulations 1950):

	No. of Inspections
Houses, yards, etc.	25,120
Tenement Houses	10,033
Tenement Rooms	27,700
Infected Dwellings	160
Common Lodging Houses	35
Workshops	1,706
Outworkers	152
Factories	1,727
Slaughter Houses	12
Drains and W.C.'s Tested	3,095
Number of Notices to abate nuisances	1,294
Number of Justices' Orders	75
Amount of fines imposed in respect of same	£30 11 0

Return of Inspections made by *Veterinary Staff* during the year (not including inspections made under Food Hygiene Regulations 1950):

Slaughter Houses	....	....	....	....	1,033
Milk Shops	....	....	....	....	1,696
Milk Vans	....	....	....	....	1,762
Cowsheds	....	....	....	....	41

SHOPS (CONDITIONS OF EMPLOYMENT) ACT, 1938.

In the following table are set out particulars of the work done by the Shops Inspectors during the year:

Number of Inspections, 3,033.
Particulars of Defects Found:

Insufficient Ventilation	....	9
Insufficient Heating	....	15
No Heating Provided	....	9
No Seating Accommodation	....	6
Insufficient Sanitary Accommodation	....	1
No Sanitary Accommodation	....	1
No Washing Accommodation	....	20
TOTAL	....	61

Exemption Orders served (<i>re</i> Sanitary Accommodation)	....	—
Works Notices served	....	1
Verbal Notices	....	60

DETAILS OF DISINFESTATION SCHEME

HOUSES TREATED					PERSONS TREATED			
Tene-ments	Lodg-ings	Private	Total	Rooms	Male	Fe-male	Chil-dren	Total
14	2	100	116	445	2	—	—	2

Details of Disinfestation of Yards and Manure Heaps—*Summer 1954*:

District No.	Stalls	Manure Heaps	Pigstyes	Yards
1	82	3	—	3
2	66	25	95	33
4	5	15	33	35
5	50	12	—	6
6	21	18	13	10
7	103	11	13	14
	327	84	154	101

Particulars of D.D.T. issued at Dispensaries—January to December 1954:—

DISPENSARY DISTRICT	POWDER	EMULSION
South	235 $\frac{3}{4}$ doz. pkts.	42 $\frac{3}{4}$ pints
North	278 „	30 $\frac{1}{2}$ „
Mahony's Avenue	29 $\frac{1}{2}$ „	7 $\frac{1}{4}$ „
	542 $\frac{1}{2}$ „	80 $\frac{1}{2}$ „

RODENT CONTROL SERVICE

RATS AND MICE (DESTRUCTION) ACT, 1919

The general pattern outlined on the establishment of the Rodent Control Service in 1953 was mainly adhered to and work under the following headings was carried out. Surveys and treatment of infested areas and dealing with complaints of rat-infestation.

Surveys: Block surveys of premises between the North and South channels of the River Lee in city area were continued. This area is very congested with buildings, i.e., factories, shops, warehouses, churches, schools and tenement dwellings and open waterways. Due mainly to intensive rodent control measures (by occupiers and Corporation) infestation is kept at a very low level. Lock-up premises required particular attention, and derelict sites were troublesome due to dumping of garbage and household refuse. The carrying out of these surveys was made by the rodent control officer and individual surveys were made by the Health Inspectors on receipt of complaints. The purpose of these surveys was to find affected areas and to plan a campaign to rid these areas of infestation.

Treatment of affected areas: In order to deal with affected areas it was necessary to have the means to do so. A depot was set up, poison bait was prepared and the necessary equipment was procured. Special equipment for treatment of sewers, open-waterways and enclosed and open-areas, was made available and it was possible to deal with every type of complaint received. It was found that routine treatment of selected areas afforded the best results and had a most beneficial effect on adjoining property. Simple and easily transportable equipment was most satisfactory. Bulk purchasing of poisons and bait was found to be the most economical and satisfactory means of operating service, and poisons and baits were mixed in depots by staff. This reduced considerably the cost of operating service as poison baits could be prepared at one-eighth cost of prevailing price in shops. Approximately three cwts. of poison bait was laid in sewers, markets, shores and open waterways. Areas that were noted to be rat affected for some years were completely cleared by simple and continuous treatment, and no complaint re damage to property or animals were received. Strict precautions were taken in use of poisons and it was found that a conservative use of poison was to be recommended. Removal of harbourages, feeding grounds, etc., after poisoning were insisted upon. The example of providing a Rodent Control Service was not lost on the public generally, and it was rendered easy to get co-operation when the public authorities did their own share of work.

Treatment of Complaints: There was 85 direct complaints of rat infestation received from the general public concerning the following premises:—

Private Dwellings	....	18	Stores	....	....	2
Tenement Dwellings	....	34	Institutions	....	....	3
Corporation Dwellings	....	4	Shops	....	....	4
Derelict Sites	....	....	Markets	....	....	7
Hospitals	....	....	Factories	....	....	2
Schools	....	....	Restaurants	....	....	2
Hotels	....	....	Banks	....	....	1

This variety of premises affords a cross-section of the nature of the problem of rodent control. There were genuine and not so genuine grounds for complaint, but advice and instructions were given where necessary. Although the greatest number of complaints were received from tenement dwellings, rat infestation was rarely found but mice infestation was universally found. In tenement dwellings due to eating, sleeping and living in restricted space and food being dropped from tables on floors, and not properly stored, and heat of fireside hearths in old property, mice infestation was very prevalent. In large institutions, shops, restaurants, etc., the advice given was readily availed of and implemented. Very satisfactory results were obtained and co-operation freely given. It was found that to be able to tell people what to get and do was the most important aspect of dealing with complaints.

The number of inspections and re-inspections amounted to 3,965 and treatment was applied 2,587 times.

NEW HOUSING BYE-LAWS

Bye-Laws made with respect to houses intended for occupation by the working classes.

During the year the Corporation made Bye-laws under the Local Government (Sanitary Services) Acts 1878–1948, and the Housing of the Working Classes Acts 1890–1952 with respect to houses intended or used for occupation by the working classes. (The Bye-laws were confirmed by the Minister for Local Government on the 9th October, 1954.

The old Lodging-house Bye-laws which were only applicable to lodging houses in which the lodger paid a weekly rent of less than 5/- have now been repealed.

The principal improvements incorporated in the new Bye-laws are as follows:

- (1). They are applicable to all houses and lodging-houses occupied by the working classes.
- (2). They give the Corporation power to control overcrowding in all working class houses.

- (3). They specify a minimum air space of 400 c. ft. per person in sleeping apartments. The air space allowed per person in sleeping apartments under the old Byc-laws was 300 c. ft. and 150 c. ft. for a child under 10 years of age.
- (4). They require the owner of a lodging-house to provide adequate and where necessary separate sanitary accommodation, water supply, accommodation for washing clothes and accommodation for the preparation and storage of food, for every part of the house used as a separate dwelling.
- (5). They require the tenant of every lodging-house to keep every common stairway properly lighted both day and night.
- (6). They prohibit the placing of obstructions on any flight of stairs, passage or other means of escape in the house.
- (7). They require the owner to provide where necessary, every flight of stairs in every staircase of the lodging-house with a sufficient handrail or handrails and well fencing securely fixed.
- (8). They impose obligations on owners, tenants and lodgers for the purpose of keeping the lodging-house in a clean and safe condition.
- (9). They require a person building a certain type of lodging-house to take special precautions against fire.

It is to be hoped that owners and persons in control of working class dwelling and lodging-houses will co-operate fully with the Corporation and keep their premises in compliance with the Bye-laws.

"The non-material or internal conditions (of a dwelling) are more difficult to describe and to remedy. By far the most urgent is the relief of overcrowding and the early achievement of the ideal of *one family, one dwelling*. The second condition, which follows hard on the heels of the first, is the intelligent distribution of family life to make the best use of the house as a whole and to give each member a personal 'holding,' however small, within the house. The third condition is the promotion of the family spirit, a sense of independence within each household. In a well-knit family there are interesting jobs for everyone to do; each member feels that he has a personal stake in the house, and a part to play in making it a home. In present conditions we need to pay more attention to the inward grace of family life."—Prof. J. M. MACKINTOSH, F.R.C.P., *Housing and Family Life*, London, 1952.

"The public should realise that they have to play their part. If they want hygienic food handling, they should not be afraid of asking for it and of commenting when they see hygienic failures. How many restaurant customers have the moral courage to send back to the kitchen a cup or fork which is placed before them dirty? How many just wipe it on the tablecloth and say nothing? And the spending of a few minutes behind the counter of a snack bar shows forcibly how the public cough or sneeze germs over the food on display or tentatively touch it with fingers far dirtier than any employee would dare to have."—Dr. J. D. KERSHAW, medical officer of health for Colchester, in his annual report for 1951.

Section IX.—Housing

Houses erected and let	....	....	....	4,128
Houses erected and purchased by occupants	....	....	....	308
Houses erected (occupants still re-paying mortgage)	....	....	....	46
TOTAL	....	....	....	4,482

Houses in process of erection	....	....	....	512
Houses completed and handed over during 1954	....	....	....	237
Number of families re-housed during 1954 (including the recorded above)	....	....	....	319

Assistance to private persons and Public Utility Societies:

(a) Under the Housing and Labourers Act, 1937 £7,253 0 0

Advances under Small Dwellings Acquisition Acts:

(a) To houses built by Private Individuals £8,220 0 0

Amount expended by Corporation on provision of Working Class Dwellings, £686,602 14s. 7d.

Table 82.—Tenants paying rents of different amounts (summary):

Rental	No. of Tenants
40/- to 50/-	9
30/- to 40/-	124
20/- to 30/-	1,044
15/- to 20/-	917
10/- to 15/-	844
9/- to 10/-	319
8/- to 9/-	62
7/- to 8/-	68
6/- to 7/-	420
5/- to 6/-	145
4/- to 5/-	86
Under 4/-	40
Total No. of Tenants	4,128

Table 83.—Analysis of Income of Tenants housed under Different Renting:

Location	No. of Tenants on Differential Rents	Under 20/-	20/- to 30/-	30/- to 40/-	40/- to 50/-	50/- to 60/-	60/- to 70/-	70/- to 80/-	80/- to 90/-	90/- to 100/-	Over 100/-
Gurranebraher 1	252	—	16	6	7	6	12	8	7	8	182
" 2	51	2	—	—	3	—	3	2	2	2	39
" 3	78	—	5	6	5	1	2	—	1	2	54
" 4	81	1	1	5	3	1	6	2	1	2	59
Greenmount	208	1	4	8	9	5	10	5	7	9	150
Bandon Road	86	3	—	4	3	3	2	6	4	2	59
Horgan's Buildings	19	—	—	2	3	1	1	—	—	—	12
Connors Road 1	147	—	2	3	4	6	2	5	—	—	115
" 2	92	—	—	3	4	4	2	5	5	5	64
Farranferris 1	206	—	6	8	10	3	4	6	6	3	160
Baker's Lane 1	231	—	8	6	6	9	5	10	9	9	171
Baker's Lane 2	242	1	6	12	14	14	6	9	9	13	158
Ballyphehane 3	231	—	3	3	7	4	8	4	4	12	187
Roche's Buildings	14	—	—	4	2	—	1	—	—	1	6
Madden's Buildings	17	—	2	—	1	2	1	—	—	1	10
Croaghtamore Gdns.	14	—	—	—	—	—	—	—	—	—	14
Sutton's Buildings	6	—	2	—	1	—	—	—	—	—	3
Ballyphehane 2	42	—	—	—	2	—	—	—	—	5	29
Kelleher's Bldgs.	4	—	—	—	—	—	1	4	—	—	2
Baker's Lane 3	198	—	6	1	9	11	7	11	—	6	133
Barrett's Bldgs.	10	—	3	—	2	1	—	1	—	—	3
Corporation Bldgs.	4	—	—	1	1	—	—	—	—	2	2
Ryan's Bldgs.	2	—	—	—	1	—	—	—	—	—	1
Farranferris	168	—	1	3	11	4	7	—	6	—	126
Mount Pleasant	115	—	—	—	1	3	5	4	2	8	96
Greenmount Ave.	32	1	—	2	—	1	1	2	—	—	21
Greenmount Crescent	42	2	—	1	2	2	1	3	4	2	30
Greenmount Place	12	—	—	1	1	—	1	—	—	—	8
Churchfield 1	77	—	—	1	2	3	2	2	—	2	65
Churchfield 5	36	—	—	—	2	—	1	1	1	1	30
Loretto Park	16	—	—	—	1	2	—	—	—	2	10
Friar's Walk	20	—	—	—	—	—	1	—	1	2	16
Killeenreendowney	36	—	—	—	1	2	1	—	2	4	26
TOTAL	2,789	12	65	85	128	88	93	82	93	110	2,041

Section X.—Port Health

The Public Health Department is now undertaking the functions of the dissolved Port Sanitary Authority and in addition is executing the Infectious Diseases (Shipping) Regulations, 1948, in the functional area of the County Council.

Limits of Jurisdiction

These are defined in The Cork Port (Enforcement of Health Regulations) Order, 1948, as follows: The expression "the Port" means the whole of that part of the customs port of Cork which lies between Power Head and Cork Head in the County of Cork, together with the waters of the said port of Cork within such limits and all docks, basins, harbours, creeks, rivers, channels, bays and streams within the aforesaid limits and the places for the time being appointed as the customs boarding station or stations for such part of the said port and the places for the time being appointed under the Health Regulations for the mooring or anchoring of a ship.

Isolation Hospital at Cuskinny

By order of the Minister of Health, dated 12th December, 1952, the above institution ceased to function as from 1st January, 1953. An isolation block adjacent to the North Fever Hospital has been set aside for the reception of cases of Smallpox, Cholera, Plague, Typhus, Yellow Fever and Relapsing Fever. The steam disinfecter which has been removed from the old Isolation Hospital, is being installed for the use of the fever hospital and will be available to cater for the needs of the isolation unit should the necessity for such arise. A motor ambulance will now convey seaborne cases of the major infectious type to the City isolation unit.

Deratization and Deratization Exemption Certificates

Authority to issue the above is given by articles 19 and 20 of the Infectious Diseases (Shipping) Regulations, 1948. During the year, 1 deratting certificate and 16 deratting exemption certificates were issued. The replacing of the Several International Sanitary Conventions by the International Sanitary Regulations, 1952, introduced inter alia, new type of deratting and deratting exemption certificate which is now in use in the Port.

Infectious Diseases (Shipping) Regulations, 1948

These Regulations became operative from 1st July, 1949, and are designed to prevent the importation of the conventional diseases, smallpox, plague, etc., together with diseases listed in the first schedule of the Regulations. It is now necessary for the Master of every vessel entering the district from a foreign port with certain exceptions, to complete and sign a declaration of health which must be handed to the boarding officer of the Customs and Excise, the City Medical Officer or other officer of the health authority, whoever should board the vessel first. Free pratique will not be granted if the answers to any of the questions set out on the face of the form are in the affirmative.

Bed and Bedding

The lot of the seafarer nowadays is such, that so far as comfort and amenities are concerned, it is in no way comparable to the conditions prevailing on board vessels during the period between the two world wars. It was not until after the end of World War II. that an agreement was reached between shipowners and seamen in regard to the supply of free bed and bedding. Up to that time except in certain classes of ships, crews were obliged to supply their own. The types of mattresses provided vary from the semi luxurious to those made from fibre, flock, or straw only and are usually supported in the bunks by bed frames. With the exception of the former these mattresses due to loose packing, do not stand up to the average weight for any length of time and as a result it is quite a common spectacle to see the greater part sagging between the laths.

Disinfection of Second-hand Clothing, etc.

A certain amount of confusion persists in regard to the importation of cleaning-rags and second-hand clothing. Article 20 of the Regulations specifies *effectually disinfected by steam* and while we have overcome the difficulty formerly experienced in regard to certificates which indicated that the goods had been disinfected by chemicals, etc., some authorities still continue to certify that they have been *effectively sterilised* by steam or just effectively sterilised. This terminology is not acceptable to the Customs authorities with the results that importers have been put to unnecessary expense and the disinfecting department to considerable inconvenience. It seems almost impossible to get authorities concerned to alter the wording of their certificates to bring them within our requirements.

A total of 1 ton, 18 cwts., of imported second-hand clothing and cleaning rags were disinfected during the year.

Unauthorised Boarding

No cases of unauthorised boarding were brought to the notice of this department during the period under review.

Ship Sanitation

During the period under review, 16 deratting exemption certificates and 1 deratting certificate were issued to shipping. Three rat carcasses were recovered after this single deratting operation, which was carried out at the owner's request. The large number of exemption certificates issued is indicative of the good sanitary conditions of vessels requesting these documents. This gratifying state of affairs can, to a very great extent, be attributed to regulations agreed upon at the first Sanitary Convention, signed in Paris, 1926, and to the International Sanitary Regulations, 1951. The legislation existing before the introduction of these two important measures (Rats and Mice Destruction Act, 1919), did not provide local health authorities with sufficient powers to deal with the large floating colonies of rats. It was not until 1926 that local authorities were empowered to determine the method to be employed for deratting. Proofing of cargo spaces advanced steadily with increasing knowledge of rat habits, and very soon ship owners and builders realised the wisdom of extensive proofing. In a previous report, attention was

drawn to the construction of harbourages in proofed cargo spaces. This reprehensible practice, betraying as it does, the ignorance of the officers concerned with regard to the most elementary requirements of ship sanitation, suggests that a knowledge of rat habits and of the science of rat proofing, should be made a compulsory subject in the curriculum for Masters and Mates. Too much attention cannot be focussed on the present craze of excessive sheeting in, of crews accommodation, which in a large number of cases is simply providing extensive potential rat harbourage. Much of this is to be seen in the small type of foreign coaster which is in constant demand for the carriage of transhipped cargoes from foreign-going vessels. To maintain the present high standard of ship sanitation, war against the rat must be waged with all the weapons at our disposal, and should be carried into every nook and corner, however small, that may provide harbourage for nesting.

A note on the use of Cyanide

It would appear that the use of liquid cyanide, is finding more favour with ship fumigators than the old dry method. This complete change over is believed to be due to keen commercial competition, together with an endeavour to reduce overhead expenses, in particular, freight charges. To those not conversant with this type of ship fumigation or deratting, liquid cyanide is put up in large steel cylinders and is expelled through rubber tubes by means of air pressure produced by a foot pump, the air line (also of rubber) is attached to a separate connection on the cylinder head. Before the commencement of a deratting operation, each cylinder is positioned close to the compartment to be placed under gas. It is then weighed, and as the amount of cyanide required in each has previously been determined, any surplus is drawn off into smaller cylinders. These are subsequently used for smaller cubic capacities such as crews' quarters, storerooms, etc. To ascertain if a complete discharge of H.C.N. has been obtained on the cessation of flow of liquid, a pressure valve on the cylinder is depressed and a test at this site made for the presence of gas. There are two types of weighing machines in general use for this work (supplied by the contractors) the ordinary spring balance and the platform type of machine with a graduated weighing bar. Unfortunately, this department has strong objections to the use of both. In regard to the former, the divisions on the recording scale are so closely cut that a reading error could readily occur, and if this should be large and on the wrong side, an abortive deratting would result. With the platform machine, there is nothing to indicate when it was last officially tested. This applies to the spring balance also. As a contrast, in the old dry method, absorbent material is put up in convenient sized cans, the weights of each being clearly indicated on the surrounding label. These weights have been found generally consistent and with this knowledge, a more confident approach to a deratting operation should result. Therefore, until an officially tested weighing machine (and in the case of a spring balance, with a modern recording dial) is put into operation by ship contractors, this department will favour the use of H.C.N. in canisters.

Water Supply

Drinking and boiler water is obtained directly from the public supply. There are upwards of 80 such hydrants available in this port. As mentioned in the section dealing with the supply to the City, the water is subjected to systematic sampling and bacteriological examination.

Table 84.—Return of Shipping—other than vessels not shipping or unshipping cargo—entering the Port since 1932:

Year	NUMBER OF ARRIVALS			TONNAGE		
	Foreign	Coastwise	Totals	Foreign	Coastwise	Totals
1932	315	1,375	1,690	352,459	602,509	954,968
1933	399	893	1,292	371,757	462,047	833,804
1934	404	817	1,221	407,188	463,169	870,357
1935	285	1,015	1,300	323,631	525,062	848,693
1936	249	1,053	1,302	277,779	583,922	861,701
1937	250	1,098	1,348	300,730	594,396	895,126
1938	239	1,084	1,323	280,403	598,114	878,517
1939	202	1,074	1,276	274,660	521,801	796,461
1940	116	1,053	1,169	174,087	373,841	547,928
1941*	—	522	522	Nil	203,976	203,976
1946	83	653	736	92,416	307,694	400,110
1947	148	535	683	276,194	283,626	559,820
1948	149	787	936	245,967	510,896	756,953
1949	215	779	994	262,479	558,251	820,730
1950	291	864	1,155	361,289	582,921	944,210
1951	275	856	1,131	331,244	554,354	885,598
1952	273	908	1,181	286,195	609,565	895,760
1953	290	1,006	1,296	314,724	644,128	958,852
1954	358	1,024	1,382	336,064	660,763	996,827

* Figures not available for years 1942 to 1945 inclusive.

Principal foreign ports from which vessels arrived during the year:—

U.S.A.—New York, Baltimore, Norfolk, Philadelphia, Galveston, New Orleans, Newport News.

Canada—Halifax, St. John, Montreal, Sorel.

South America—Buenos Aires, Bahia Blanca, Montevideo, Santos, Rio de Janeiro, Rosario.

North Africa—Casablanca, Oran, Algiers, Sfax.

Turkey—Izmir.

Greece—Piraeus.

Spain—Cadiz, Port Lexioes, Huelva, Valencia, Barcelona.

Portugal—Oporto, Lisbon.

France—Le Havre, Cherbourg, Rouen.

Belgium—Antwerp.

Holland—Rotterdam, Amsterdam.

Germany—Hamburg, Bremen.

Baltic Ports—Gotenborg, Danzig, Aalborg, Rapsu.

Canary Islands—Teneriffe.

Principal Cargoes landed in the Port

Wheat and wheat offals, maize, barley, timber (dressed and undressed), fertilisers, phosphate, pyrities, motor car parts, motor oils and spirits, cement, coal, tractors, machinery, dried fruits, wine, roofing slates, cork, salt.

Table 85.—Return of Vessels entering the Port which were dealt with by the Department each month during 1954:—

Month	Foreign		Coastwise	TOTAL
	Direct & Indirect			
January	25		73	98
February	22		66	88
March	26		53	79
April	18		68	86
May	20		55	75
June	15		53	68
July	5		20	25
August	22		58	80
September	15		76	91
October	13		65	78
November	25		71	96
December	16		54	70
TOTALS	222		712	934

Table 86.—Return of Imports and Exports from 1932:

YEAR	IMPORTS (tons)	EXPORTS (tons)
1932	890,377	104,884
1933	710,149	89,319
1934	784,174	66,606
1935	743,939	63,219
1936	788,545	73,673
1937	829,704	78,530
1938	802,238	65,147
1939	900,644	105,659
1940	734,888	74,517
1941*	262,222	37,448
1946	375,494	36,159
1947	557,566	35,293
1948	651,848	48,884
1949	700,929	49,442
1950	895,920	73,635
1951	871,187	62,081
1952	756,953	69,494
1953	794,581	74,619
1954	843,708	72,177

* Figures not available for years 1942 to 1945 inclusive.

Sanitary defects and nuisances dealt with during 1954:

Dirty Ice Boxes and Refrigerators	....	....	....	4
Dirty Focsles	....	....	....	66
Dirty Store Rooms, Wash Places and Lockers	....	....	....	37
Dirty Mess Rooms and Cabins	....	....	....	53
Dirty Stewards' Storerooms	....	....	....	1
Dirty Galleys	....	....	....	13
Damp Quarters	....	....	....	16
Leaky Deckheads	....	....	....	12
Defective Port Frames, Discs and Prisms	....	....	....	31
Defective W.C. Fittings	....	....	....	13
Defective Flooring Boards	....	....	....	5
Defective Lockers	....	....	....	1
Defective Bogie Stoves	....	....	....	2
Defective Ventilation	....	....	....	1
Defective Bogie Stove Funnels	....	....	....	3
Verminous Quarters	....	....	....	6
Foul Water Closets	....	....	....	48
Ships' Gear in Accommodation	....	....	....	1
Defective Spurling Pipes	....	....	....	4
Defective Bulk Head	....	....	....	1
Defective Drainage	....	....	....	2
Foul Water Tanks	....	....	....	2
TOTAL				322
Verbal Notices Given	....	....	....	175
Written Notices Left on Board	....	....	....	36
Letters to Owners	....	....	....	1
Statutory Notice	....	....	....	4
TOTAL				216

A total of 1,274 visits of inspection of vessels were carried out during the year.

Table 87.—Summary Vessels Inspected:

Description	Number of Arrivals	Tonnage of Arrivals	Number Inspected	Number Found Defective and Dirty	No. of Defects & Nuisances Remedied
<i>Foreign</i> Steamers	358	336,064	222	37	30
Direct & Indirect <i>Coastwise</i> Motor & Steam	1,024	660,763	712	172	147
TOTAL	1,382	996,827	934	209	177

Table 88.—Rat Control Summary of Trapping during year:

Month	ASHORE			ABOARD			Total	P.M. Exam.*
	Brown	Black	Total	Brown	Black	Total		
Jan.	1	3	4	0	0	0	4	1
February	1	1	2	0	0	0	2	1
March	3	0	3	0	0	0	3	1
April	2	1	3	0	0	0	3	2
May	1	1	2	0	0	0	2	1
June	2	2	4	0	0	0	4	1
July	0	1	1	0	0	0	1	0
August	1	0	1	0	0	0	1	0
September	3	2	5	0	0	0	5	0
October	3	1	4	0	0	0	4	2
November	8	1	9	0	2	2	11	4
December	1	0	1	0	5	5	6	3
TOTALS	26	13	39	0	7	7	46	16

* All post-mortem examination proved negative.

Table 89.—Rats trapped in the Port since 1938:

Year	No. rats trapped	No. of P.M.'s	Results
1938	199	136	Negative
*1939	231	149	"
1940	146	66	"
1941	119	28	"
1942	43	20	"
1943	32	23	"
1944	34	21	"
1945	42	28	"
1946	52	25	"
1947	56	31	"
1948	51	34	"
1949	44	29	"
1950	52	24	"
1951	46	21	"
1952	47	22	"
1953	39	20	"
1954	46	16	"

* Poisoning campaign commenced in the mills and stores abutting the dock area.

Section XI.—Meteorology

I am indebted to Prof. H. N. Walsh, University College, for the following particulars concerning the weather conditions during the year.

In the tables which follow the figures have been converted into *decennial averages* from the earliest period available to the year, 1950. Figures for the individual years may be found in reports for the year 1950 and preceding years.

Table 90.—Rainfall in inches for *each quarter* from 1901 (expressed as decennial averages to 1950):—

Period	I.	III.	III.	IV.	Total (Avg.)
1901–1910	10.12	7.78	8.76	10.8	37.56
1911–1920	11.34	7.71	8.98	13.12	41.15
1921–1930	12.82	7.41	9.46	13.64	43.33
1931–1940	11.79	7.33	7.86	12.61	39.58
1941–1950	11.03	7.12	9.29	13.44	40.88
1951	12.42	7.10	12.49	16.42	48.43
1952	6.59	5.71	4.59	13.59	30.84
1953	3.86	7.73	11.71	10.63	33.93
1954	11.85	6.20	9.07	14.30	41.42

Table 91.—Mean temperature for *each quarter* from 1901 (expressed as decennial averages to 1950):—

Period	I.	II.	III.	IV.	Avg. for Period
1901–1910	40.16	50.04	56.48	43.23	44.47
1911–1920	39.68	49.44	54.85	42.93	46.72
1921–1930	42.75	51.36	57.99	45.31	49.36
1931–1940	43.28	53.34	59.54	45.97	50.52
1941–1950	43.49	53.06	59.09	46.87	50.65
1951	40.7	51.5	59.0	47.4	49.60
1952	42.3	54.5	59.0	46.1	50.4
1953	43.2	53.3	59.0	47.3	50.7
1954	42.3	52.7	57.8	48.6	50.3

BAROMETER

The mean reading for 1954 was 29.94 inches. The highest reading was 30.75 inches on 1st & 2nd January and the lowest 28.33 inches on the 8th December. (*Note:* The reading at Ballinacurra on 4th February, 1951, was 28.17 inches which is noted as being the lowest ever recorded since observations began there in 1905. The *Cork Examiner* of 5th February, 1951, reported Air Ministry reading at Kew of 28.4 inches which is referred to as the lowest since February, 1871, when readings began there. In the same journal, Major T. J. O'Donovan, Ballybeg, Cobh, reported a reading of 27.7 inches and Mr. J. M. Flannagan, Cobh, reported two separate readings—27.45 inches at 9.30 a.m. and 28.25 inches at 12.40 p.m., confirmed by readings on two separate barometers. The unprecedented fall was the prelude to a fierce gale which broke over the district about 8.30 on that evening and raged with unabated fury during the night doing much damage to houses).

TEMPERATURES IN SCREEN

The mean temperature for the year was 50.4°F. The warmest day was July 24th, with a maximum shade temp of 74°F. The coldest night was January 8th, with a minimum shade temp., 23°F.

"We see that most people would rather be fooled than told truths which they do not feel that they can face. Hence, an economy that is always capsizing and the politics of international anarchy. We prefer luxuries to necessities, debt to solvency, nationalistic wars to peace. Further we see that words have done all they can to caulk the gap in our gaping seams—far more than the last century thought possible. With word-fantasies ranging from psycho-analysis to frank farce we have kept a film of pretence, a play of fun and fairy-tale, over the widening fissure. But now words are at the end of their tether. Their elasticity is worn out, their credit exhausted. We have to come back to Thought, to what we really think things to be and not what we say they are or should be."—GERALD HEARD. *Morals Since 1900*. London, 1950; p. 144.

The annual reports make frequent reference to the value of breast feeding as a means of reducing infant mortality. Thus in 1903 the Medical Officer of Health pointed out that the substitution of artificial for the natural nourishment of infants was a most potent cause of infant mortality, and declared: "How fatal the consequences of such substitution are was well illustrated at the time of the Siege of Paris, 1870 to 1871. While the sufferings and starvation which this entailed doubled the mortality among the general population, that among infants was reduced by about 40% owing to mothers being obliged to suckle their infants. A similar fall in the rate of infantile mortality was noticeable at the time of the Lancashire cotton famine, when mothers, obliged to stay at home, nursed their babies instead of relinquishing that duty for work at the mills." Dr. H. J. PETERS—M. O. H. Stockton-on-Tees. *Commenting on Annual Report of the Boro'*, 1895-1924 (Dr. Thomas HORNE being M. O. H. for that period).

TABLE 92.—MONTHLY RAINFALL IN CORK FROM 1881 (DECENNIAL AVERAGES FROM 1881 TO 1950)

PERIOD	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Rainfall	Rain Days
1881-1890	4.14	3.94	3.20	2.49	2.46	2.32	2.89	3.13	2.62	3.00	4.00	3.76	37.93	203
1891-1900	3.83	2.71	1.89	2.85	1.86	2.47	2.22	4.17	2.29	4.25	4.37	6.12	39.08	197
1901-1910	3.77	3.16	3.19	2.70	2.23	2.84	2.55	3.29	2.93	3.61	3.16	4.25	37.46	200
1911-1920	4.00	4.06	3.25	2.22	3.19	2.30	3.03	3.20	2.74	3.93	3.69	5.23	40.12	205
1921-1930	5.32	4.29	3.20	2.92	2.58	1.91	3.00	3.68	2.78	4.03	4.68	4.93	43.37	207
1931-1940	4.69	3.44	3.76	2.54	2.69	1.93	2.95	2.06	2.85	3.32	4.89	4.42	39.58	200
1941-1950	4.94	3.08	3.08	2.30	2.75	2.47	2.87	3.14	3.27	4.33	4.38	4.77	40.88	205
1951	5.10	4.50	2.82	2.09	2.52	2.49	1.30	4.40	6.79	3.02	6.48	6.92	48.43	239
1952	3.52	0.31	3.12	2.26	2.17	1.28	0.63	3.38	0.58	6.80	3.93	2.86	30.84	192
1953	1.42	1.56	0.88	3.25	3.38	1.10	3.39	2.27	6.05	4.30	2.68	3.65	33.93	193
1954	3.90	3.77	4.18	0.71	3.53	1.96	1.68	2.34	5.05	5.16	4.76	4.38	41.42	227

The greatest rainfall in any one month was 16.11 ins. in December, 1899.

The lowest rainfall in a single month was 0.02 inches in June, 1921.

The maximum number of consecutive days with rain was 21 (ended 12th February, 1918).

Greatest number of days without any rain (absolute drought) was 26 (ended 3rd July, 1897).

TABLE 93—AVERAGE SHADE TEMPERATURES AT CORK FROM 1884 (EXPRESSED AS DECENNIAL AVERAGES FROM 1891 TO 1950). MEAN TEMPERATURES SHEWN TO NEAREST WHOLE NUMBER.

PERIOD	January		February		March		April		May		June		July		August		Sept.		October		Nov.		Dec.		Mean Yearly Tempera- ture of Period
	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	
1884-1890	54-29-43		53-28-44		56-27-42		61-30-47		68-39-52		75-43-59		76-44-61		74-43-60		69-39-55		62-33-50		58-27-46		54-26-42		50.0
1891-1900	53-23-40		54-25-41		58-27-43		62-31-48		69-35-52		76-41-58		75-44-61		73-44-60		69-38-56		62-31-48		57-31-45		53-26-43		50.0
1901-1910	50-25-40		51-25-39		54-29-42		59-31-45		67-34-50		71-42-55		74-44-58		71-42-57		67-38-54		62-30-50		54-25-42		51-26-40		48.0
1911-1920	51-31-40		51-30-41		53-32-42		57-34-45		66-37-51		68-40-54		71-43-57		70-44-57		66-39-53		59-34-48		55-30-43		51-29-40		47.0
1921-1930	55-27-44		54-27-42		57-27-43		61-29-46		71-34-52		72-39-56		76-44-61		73-42-58		69-37-54		64-32-52		58-25-43		54-26-42		49.0
1931-1940	54-28-42		55-30-42		57-30-44		62-34-48		68-37-53		73-44-59		74-47-60		75-44-60		71-38-56		63-36-48		57-30-44		55-28-41		50.0
1941-1950	52-28-41		53-30-42		59-32-45		64-34-49		69-36-52		73-45-58		73-48-59		73-47-61		69-41-56		63-37-50		56-32-45		53-31-43		50.0
1951	55-25-40		52-28-40		60-23-42		67-28-47		65-35-50		75-41-58		75-44-59		73-45-59		70-43-56		64-32-48		57-27-42		54-28-41		52.0
1952	56-24-50		52-27-38		59-31-45		67-29-48		76-34-55		79-30-59		79-41-60		74-44-59		71-34-52		62-32-47		61-21-41		54-25-39		50.5
1953	53-23-38		58-28-43		61-28-44		71-28-49		73-33-53		79-39-59		79-45-62		75-44-59		71-43-57		63-31-47		56-27-41		55-32-43		49.5
1954	57-23-40		54-25-39		59-25-42		64-33-49		74-36-55		73-44-59		74-46-60		71-42-57		72-36-54		67-35-51		60-28-44		57-28-43		49.4

Figures for each individual year are presented in report for 1950 (and previous years).

SUNSHINE

Total No. of hours of *bright sunshine* 1954 was 1,320.7.

	Hours		Hours
1930	.... 1,478.1	1942	.... 1,482.5
1931	.... 1,313.8	1943	.... 1,093.8
1932	.... 1,282.5	1944	.... 1,209.1
1933	.... 1,465.8	1945	.... 1,263.8
1934	.... 1,480.1	1946	.... 1,274.4
1935	.... 1,442.0	1947	.... 1,252.9
1936	.... 1,357.5	1948	.... 1,333.5
1937	.... 1,259.4	1949	.... 1,479.9
1938	.... 1,350.9	1950	.... 1,345.7
1939	.... 1,393.1	1951	.... 1,428.3
1940	.... 1,493.9	1952	.... 1,376.8
1941	.... 1,246.5	1953	.... 1,391.6

**SUMMARY OF WEATHER OBSERVATIONS AT
CHARLESTON, BALLINACURRA**

January:

BAROMETER:	Highest	....	....	30.83 on the 2nd
	Lowest	....	....	29.52 „ 13th
	Mean for the Month			30.26 „
THERMOMETER:	Highest	....	....	57°F. on the 19th
	Lowest	....	....	24°F. „ 8th
	Mean for the month			41.6°F.
RAINFALL:	2.86" which is .99" below average.			
SUNSHINE:	57.6 hrs. which is 9.6 hrs. above average.			
WINDS:	For the first 10 days of January were light and from the North ; for the next fortnight they were mainly Westerly and stronger. A S.S.W. gale on the 24th and a S.E. gale on the 27th were recorded, after which winds were moderate and from the East.			

REMARKS: The first ten days of the New Year were rainless and mainly bright and sunny, with day temperatures well up in the 40's, light northerly airs and still, frosty nights. Night temperatures fell as low as 27°, 24° and 26°F. on the 7th, 8th and 9th.

On the 10th, temperatures jumped and an exceptionally mild fortnight was ushered in by a change of wind, which Westered and brought light showers and high humidity. During this extraordinary spell night minimum temperatures were as high as 50° F. on the 21st, and 22nd and 52° on the 25th and the day temperature rose on the 14th and 15th to 56° and on the 19th to 57°.

A violent S.S.W. gale on the night of the 24th put a sudden stop to this soft spell and the end of the month was exceedingly severe, with night minimums dropping to 27° on the 29th and 31st and the maximum day temperatures remaining exceptionally low. On the 29th the highest temperature was not more than 2 deg. above freezing point. Easterly winds at the end of the month were very harsh and light snow which fell on the 28th and 29th lay for days in sunless patches.

There was no rain at all in the first ten days of the month and then only light and insignificant showers until the 24th when 1 inch fell: on the 27th another inch fell and on the 28th, one-third inch so that these three days are mainly responsible for the month's total although rain was recorded on 13 days in January.

WINDS: Light and from the North East for the first 6 days of February, subsequently swinging from North West to South West through West, very variable in strength, strong on the 13th/14th, and reaching gale force on the 25th.

The frequency of February's rain has made work in farm and garden most difficult and the soil wet and heavy so that the spring cultivation and preparation of seed beds has been at a standstill.

March:

WINDS: For the first week of March were mainly from the North-West and light, but in the middle fortnight of the month were Easterly and stronger. The last week of March brought Westerly winds, light to moderate.

REMARKS: March was a month of grey and very broken weather, which, following the frequency of February's rainfall, kept land heavy and difficult to work. There were ten almost sunless days between the 14th and 24th—only 7 hours of sunshine were recorded, of which 5.1 hours were on the 20th.

The first week of the month was very cold, with sleet showers on the 1st and 2nd and ground frosts at night, but temperatures rose suddenly on the 10th and night minimums remained up until the 31st when the thermometer went down to 33°F.

The frequency of the rain, rather than the amount of it, has been very serious for farm and garden and held up cultivations and the preparation of the seed bed. Since the anti-cyclone broke on the 11th January we have only had one fine spell—between the 29th January and the 6th February—and since the latter date we have never had four consecutive fine days.

April:

BAROMETER: Highest 30.76 on the 16th
 Lowest 29.91 „ 1st
 Mean for the month 30.36

THERMOMETER: Highest 64°F. on the 15th
 Lowest 32°F. „ 28th
 Mean for the month 48.4°F.

RAINFALL: 0.92" which is 1.47" below average.

SUNSHINE: 163.6 hrs. which is 5.6 hrs. above average.

WINDS: For the first three weeks of April winds were Westerly swinging from North-West to South-West and were light in strength but from the 20th winds were Easterly, harsh and appreciably stronger.

REMARKS: The first week of April was a continuation of March's broken weather, but with higher temperatures and longer intervals between showers. The long awaited anti-cyclone then began and from the 9th April, until the last day of the month when we had .33 inches rain there was no rainfall of any significance. As a result, this has been the driest April since 1946.

In spite of the dry spell, and slightly more sunshine than usual, this has not been a kind April. There were sleet showers and hail on the 5th and ground frosts in the first and last weeks of the month and though the middle fortnight of the month was good, there were very harsh, drying Easterly winds in April's last ten days and soil was becoming too dry.

The fine weather provided the long awaited opportunity for sowing corn crops and this was a month of feverish activity in farm and garden but with the exception of the Easter holiday period, which was delightful, there was little weather to encourage or stimulate growth and plant development is very late.

May:

BAROMETER: Highest 30.54 on the 20th
 Lowest 29.43 „ 2nd
 Mean for the month 30.13

THERMOMETER: Highest 71°F. on the 31st
 Lowest 35°F. „ 2nd
 Mean for the month 52.3°F.

RAINFALL: 4.39" which is 1.84" above average.

SUNSHINE: 182.9 hrs. which is 5.1 hrs. below average.

WINDS: The first week in May was wild and squally, with a North-Westerly gale beginning on the night of the 2nd and lasting more than twenty-four hours. This gale was very severe and did extensive damage over a wide area. It was followed by another North-Westerly gale on the 5th, after which weather quietened gradually and from the 10th to the 23rd winds were very light and Northerly. On the 24th a South-West wind rose considerably in strength, but subsided again after three days.

REMARKS: May opened with low temperatures, heavy rain and sleet showers on the first, and though succeeding days were less severe, it was not until the 12th that day temperatures moved into the 60's. The first week of the month was wild and squally and gales on the 2nd, 3rd and 5th left a trail of damage in their wake ; heavy rain showers were frequent until the 12th when wind went to the North and ushered in a 10-day anti-cyclone, punctuated by heavy rain on the night of the 17th. Long hours of bright sunshine provided pleasant weather and good growing conditions after the recent rainfall but the light Northerly winds were harsh and kept temperatures down. A change to South-West wind on the 23rd once again brought heavy rain and the remainder of the month was cooler and wet, until the 31st when long hours of bright sunshine raised the thermometer to 71°F. for the first time this year.

June:

BAROMETER: Highest 30.43 on the 30th
 Lowest 29.28 ,, 8th
 Mean for the month 30.05

THERMOMETER: Highest 70°F. on the 22nd
 Lowest 42°F. on the 2nd,
 7th and 14th.
 Mean for the month 56.1°F.

RAINFALL: 2.15" which is 0.07" above average.

SUNSHINE: 151.9 hrs. which is 34.1 hrs. below average.

WINDS: Mainly light and variable. After a week of light Easterly airs there was a week of stronger and very variable currents, but on the 14th a light Westerly spell began and this held until the 28th, when winds went to the North and became stronger.

REMARKS: The first half of June was unsettled, with bright, sunny spells broken by frequent rain ; on the 5th there was heavy rain amounting to 0.59 inches, and on the 7th heavy rain amounted to 0.77 inches. From the 11th weather was mainly fair, with skies grey and overcast.

Throughout the month day temperatures were cool, and only once climbed into the seventies, but night temperatures, which were low at the beginning of the month, rose 10 degrees F. (to 52 degrees) on the 15th, and remained relatively high until the last three days of the month.

July

BAROMETER:	Highest	....	....	30.38	on the 22nd
	Lowest	....	....	29.42	„ 28th
	Mean for the month			30.06	

THERMOMETER:	Highest	....	....	71°F. on the 20th and 24th
	Lowest	....	....	46°F. on the 5th
	Mean for the month			58.1

RAINFALL: 1.87" which is .93" below average.

SUNSHINE: 142 hrs. which is 28 hrs. below average.

WINDS: Mainly Westerly, veering North West, moderate to strong, reaching gale force on the 27th.

REMARKS: July was a disappointing month, with less sunshine than usual and harsh winds keeping temperatures below average. Though rainfall was nearly an inch less than normal, light showers and broken conditions prevailed throughout the entire month, and rain was recorded on 22 days ; there were not more than two successive fine days at any time in July.

As a result, this has been a most troublesome month for hay-making and the ripening of corn crops has been much delayed.

August

BAROMETER:	Highest	....	....	30.46	on the 28th
	Lowest	....	....	29.50	„ 9th
	Mean for the month			30.00	

THERMOMETER:	Highest	....	....	69°F. on the 27th
	Lowest	....	....	41°F. ,, 13th
	Mean for the month			57.6

SUNSHINE: 182.8 hrs. which is 22.8 hrs. above average.

RAINFALL: 1.92" which is 1.33" below average.

WINDS: Were from the South East for the first 4 days of the month and subsequently were Westerly swinging from North-West to South-West and back until the 18th, when winds hardened in from the North. In the last week of August, winds again went swinging between North-West and South-West.

Strength of winds varied considerably. For the first 10 days they tended to be strong, reaching a peak point on the 5th ; from 12th to 17th winds were light, but rose that night to gale force, and subsequently were moderate.

REMARKS: August was a very disappointing month—as in earlier months in 1954, rainfall was light but very frequent—from the 1st to the 17th there were only two days without rain, but in this same period there were only two heavy falls of rain recorded (on the 3rd and 16th). This broken weather was followed by a long awaited anti-cyclone, and for the remainder of the month there was no rain of any significance.

Temperatures throughout August were low. Never once did the thermometer reach 70 deg. F. and nights remained cool, so that the average mean temperature for August is the lowest since 1946. It is, therefore, surprising to find that sunshine was above average.

The last fortnight of the month brought splendid conditions for ripening of corn and cutting of crops, already much behind normal and we have been very much more fortunate than other areas.

September:

BAROMETER:	Highest	....	....	30.41	on the 29th
	Lowest	....	....	29.47	„ 24th
	Mean for the month			29.96	

THERMOMETER:	Highest	....	....	68°F.	on the 1st
	Lowest	....	....	36°F.	on the 19th and 22nd
	Mean for the month			54.1°F.	

SUNSHINE: 143.3 hrs. which is 11.3 hrs. above average.

RAINFALL: 3.77" which is 0.97" above average.

WINDS: Mainly South-Westerly and moderate to strong for the first 10 days of the month. There followed 10 days of North-Westerly winds, light to moderate, and then very variable winds, swinging from North to South-West, mainly light to moderate.

Squally winds developed gale force on the nights of the 2nd/3rd and 8th/9th, and there was a South-Westerly gale on the 23rd.

REMARKS: September was a very disappointing month, with only nine rainless days to its credit. The first 10 days were wild and broken, with squalls reaching gale force on the 2nd/3rd and 8th/9th, and very heavy falls of rain were recorded on the 2nd, 5th, 8th and 9th.

Wind changed to the North-West on the 12th, and brought 10 days either fine, or with light, flying showers, and with good drying winds. Night temperatures dropped sharply.

A South-Westerly gale on the 23rd brought torrential rain, but after this weather recovered again, and the last five days of this critical month were fine.

While this has been a most difficult month for the harvesting of corn, weather conditions seem to have been much worse elsewhere. Although it was cold, with an average temperature nearly 2 degrees below September's normal figure, there was good sunshine, indeed this has been the sunniest September since 1933.

October:

BAROMETER: Highest 30.51 on the 7th
 Lowest 29.25 „ 24th
 Mean for the month 29.98

THERMOMETER: Highest 67°F. on the 12th
 Lowest 35°F. „ 26th
 Mean for the month 54°F.

RAINFALL: 5.23" which is 1.45" above average.

SUNSHINE: 74 hrs. which is 21 hrs. below average.

WINDS: Throughout the month winds swung from West to South and back again. For the first 12 days of October, winds were light and for the remainder of the month moderate to fresh, strengthening considerably on the night of the 18th.

REMARKS: October was a most depressing month, mild, wet, grey and sunless. Some rain was recorded on 26 of its 31 days, heavy falls on the 14th (0.56 inches), 23rd (0.45 inches), 26th (1.01 inches), 28th (1.18 inches) and 30th (0.41 inches). There was a considerable amount of fog between the 7th and 18th and between the 13th and 21st—there were 7 completely sunless days, so that it is not surprising to find October's sun 21 hours below normal, although this has been the mildest October since 1945.

Conditions for the saving of late ripening corn and threshing could hardly have been more broken and difficult, but by comparison with other districts, we have been fortunate.

November:

BAROMETER: Highest 30.66 on the 17th
 Lowest 28.82 „ 26th
 Mean for the month 29.86

THERMOMETER: Highest 62°F. on the 11th
 Lowest 27°F. „ 24th
 Mean for the month 45.2°F.

SUNSHINE: 66.7 hrs. which is 4.7 hrs. above average.

RAINFALL: 3.81" which is 0.07" below average.

WINDS: Throughout the month were variable. For the first week they were light, but freshened between the 8th and 13th becoming light again until the evening of the 26th when a wild and stormy period set in. A very strong South-Easterly wind throughout that night reached gale force in squalls, lasted all day on the 27th and turned to a South-Westerly gale reaching its peak in the early hours of the 28th and blowing itself out during that morning. On the evening of the 29th a South-Easterly gale sprang up and reached great violence in the early hours of the 30th after which it died away.

REMARKS: The frequency of rain, so remarkable in 1954 continued throughout November. The first half of the month was relatively fine—only half-inch of rain was recorded, but this managed to spread itself over seven days and only twice during the whole month were there three consecutive rainless days (1st to 3rd and 12th to 14th). Some foggy days followed with light, Easterly airs and initiated a very wet period. From the 16th to the 30th there was only one rainless day, the 23rd. Heavy rain was recorded on the 20th and 21st (0.83 inches), the 26th, 25th, 26th and 27th and 0.85 inches on the 29th.

The result of this frequent rainfall has been all-pervading damp—the ground is wet and heavy and condensation general on interior walls. It will therefore surprise readers to find that the total rainfall is slightly less, and the sunshine slightly more, than average.

The month ended with a series of gales which lashed these coasts between the 26th and 30th, raising mountainous seas, and bringing in their wake tragedy and deeds of heroism. This immediate area has escaped with only minor storm damage and has much for which to be thankful.

December:

BAROMETER: Highest 30.53 on the 17th. (Reading at 10 a.m.).

Lowest 28.42 on the 8th. (Reading at 10 a.m.).

Mean for the month 30.10 at 10 a.m.

THERMOMETER: Highest 57°F. on the 2nd

Lowest 28°F. ,, 11th

Mean for the month 45.9°F.

SUNSHINE: 40.1 hrs. which is 0.9 hrs. below average.

RAINFALL: 3.88" which is 0.26" below average.

WINDS: For December's first week winds were South-Westerly and were wild and squally, almost reaching gale force on the 1st, 2nd and 8th, and on this day the Barometer dropped at 11 o'clock a.m. to the very low figure of 28.36. For the remainder of the month winds were from the North-West or West, and with the exception of a blow on the 16th and on the 22nd/23rd were light to moderate.

REMARKS: December opened with a continuation of the wild and stormy weather inherited from November. but after the 12th an anti-cyclone set in, and this welcome and long awaited fine spell lasted until the 30th, when an inch of rain fell in about 12 hours.

Temperatures throughout December were high—there were 24 days on which the maximum moved into the 50's, though ground frosts occurred on five nights in the middle of the month. Delightfully mild conditions prevailed during Christmas, and in the last fortnight of the year much useful work was done in farm and garden which would have been undertaken in the autumn or early winter of a kinder season.

Appendix I.

OPERATION OF THE SCHEME FOR THE TREATMENT OF VENEREAL DISEASES

Table 94.—Record of Work Done in the V.D. Treatment Centre.

	Cork City		Cork County		Other Districts		Total		Total male and Female Cases
	M.	F.	M.	F.	M.	F.	M.	F.	
<i>New Cases (1st time)</i>									
Syphilis	1	3	2	—	—	—	3	3	6
Soft Chancre	—	—	—	—	—	—	—	—	—
Gonorrhoea	3	1	2	1	8	—	13	2	15
Not V.D.	7	—	3	—	11	—	21	—	21
TOTAL	11	4	7	1	19	—	37	5	42
<i>Total Attendances:—</i>									
Syphilis	79	423	31	245	7	—	117	668	785
Soft Chancre	—	—	—	—	—	—	—	—	—
Gonorrhoea	52	28	17	12	15	—	84	40	124
Not V.D.	14	53	10	5	3	—	27	58	85
TOTAL	145	504	58	262	25	—	228	766	994
<i>Cured:—</i>									
Syphilis	1	2	1	2	—	—	2	2	4
Soft Chancre	—	—	—	—	—	—	—	—	—
Gonorrhoea	3	1	2	1	3	—	8	2	10
Not V.D.	5	—	1	—	—	—	6	—	6
TOTAL	9	3	4	3	3	—	16	4	20
<i>Pathological Exams.:—</i>									
Wasserman	36	32	27	12	4	—	67	44	111
Gonococci	16	3	14	2	18	—	48	5	53
Kahn	29	20	19	5	4	—	52	25	77
TOTAL	81	55	60	19	26	—	167	74	241
<i>Therapy:—</i>									
Arsenicals	1	297	—	164	—	—	1	461	462
Bismuth Preparations	18	81	—	—	—	—	18	81	99
Douches	—	11	—	—	—	—	—	11	—
Penicillin	27	33	24	11	12	—	63	—	107
Streptomycin	13	—	5	—	—	—	18	44	18
TOTAL	59	422	29	175	12	—	100	597	697

Table 95.—Record of *new cases* treated annually at Centre.

Period	Syphilis	Soft Chancre	Gonorrhoea	Not V.D.	TOTAL
1938	29	—	42	34	105
1939	37	1	27	42	107
1940	34	8	30	46	118
1941	25	6	42	68	141
1942	54	4	63	67	188
1943	113	4	79	101	297
1944	81	1	49	116	247
1945	59	—	63	107	229
1946	73	—	48	130	251
1947	46	—	39	91	176
1948	50	—	39	99	188
1949	26	—	17	68	111
1950	20	—	17	64	102
1951	15	—	11	27	53
1952	13	1	26	57	97
1953	17	—	16	32	65
1954	6	—	15	21	42

Table 96.—Record of new cases treated during 1954 (non V.D. Cases not included):

Period	Males	Females	Total
Jan.	1	—	1
Feb.	—	—	—
Mar.	1	—	1
April	1	—	1
May	2	1	3
June	3	—	3
July	1	—	1
Aug.	2	—	2
Sept.	1	—	1
Oct.	2	1	3
Nov.	1	2	3
Dec.	1	1	2
Totals	16	5	21

Table 97.—Monthly attendances at V.D. Centre, 1954:

Period	Males	Females	Total
Jan.	19	80	99
Feb.	22	64	86
Mar.	15	54	69
April	18	64	82
May	24	78	102
June	26	51	77
July	18	60	78
Aug.	10	49	59
Sept.	18	61	79
Oct.	34	81	115
Nov.	15	67	82
Dec.	9	57	66
Totals	228	766	994

The total number of new cases (Male and Female) of Gonorrhoea and Syphilis treated during the year was 21. This represents a decrease on last year's figure, which was 33.

Appendix II.

OPERATION OF THE COUNTY BOROUGH SCHEME FOR THE WELFARE OF THE BLIND

The following are the terms of the Scheme drafted for this purpose and now in operation within the Borough:—

In this scheme the term “Blind Person” shall mean any inhabitant of the County Borough who is so blind, as to be either unable to perform any work for which eyesight is essential, or unable to continue his or her ordinary occupation ; the term “The Corporation” shall mean the Lord Mayor, Aldermen and Burgesses of the County Borough of Cork, acting by the City Manager ; the term “The Minister” shall mean the Minister for Social Welfare.

2. The Corporation will establish and maintain a Register in which shall be entered the name and address, age, sex, religion and other necessary particulars of every blind person who shall produce a certificate from a recognised Ophthalmic Surgeon that the acuity of vision of such person (refractive error being corrected) is below 1/20th normal (3/60th Sneelen), or that such person is so blind as to be unable to continue his or her ordinary occupation. Any person between the ages of 21 and 70 may, however, be registered without producing such certificate on furnishing evidence of being in receipt of a pension in pursuance of Section 6 of the Old Age Pensions Act, 1932, as amended by Sections 12 of the Social Welfare Act, 1948. The Register shall be kept written up to date and shall be revised annually in the month of January. The Corporation shall be empowered to pay reasonable fees to Ophthalmic Surgeons for certifying in cases of necessitous persons.

3. Arrangements will be made by the Corporation with the Authorities of one or more of the Institutions for the Blind mentioned in the Schedule hereto on such terms as may be approved by the Minister for the following purposes:—

- (a). the education or industrial training of suitable blind persons between the ages of five years and thirty years ;
- (b). the employment in workshops for the Blind of blind persons suitable for such employment, their maintenance in a Hostel, and the augmentation of their wages ;
- (c). the maintenance in Homes of blind persons who, owing to age or infirmity, are incapable of work.

4. The Corporation may in cases of unemployed and necessitous blind persons ineligible for education or industrial training under Article 3 (a) of this Scheme and living in their own homes or in lodgings, grant assistance to such persons in accordance with the following scale:—

Classification of Blind Persons				Amount of weekly allowance	
				s.	d.
(a)	Blind person over 16 years and under 21 years of age			20	0
(b)	Blind person 21 years of age and upwards			17	6
				(with pension)	
				s.	d.
(c)	Married man under 21 years of age with wife dependent on him			25	0
(d)	Married man 21 years of age and upwards with wife dependent on him			20	0
				(with pension)	
(e)	Additional allowance for each child (under 16 years)			3	6

In considering the grant of allowances on this scale to the classes of blind persons at (a) and (c) above, the Corporation will not take into account casual earnings of any such person where they are satisfied that such earnings do not exceed ten shillings per week.

5. Nothing in this Scheme is to be construed as giving blind persons irrespective of their means or conduct, a right absolute to assistance. The Corporation will not grant an allowance under Article 4 above to any blind person under 21 years of age who is capable of instruction and who declines without a satisfactory reason to take advantage of the facilities for education, training or employment under the Scheme, or who is by conduct or otherwise deemed unsuitable for assistance. No habitual mendicant shall be granted an allowance under the Scheme unless the practice of mendicancy is discontinued. No person shall be eligible to receive assistance under this Scheme who shall not have been resident within the County Borough for two years previous to date of application for assistance.

6. The Corporation, with the approval of the Minister, may make arrangements with the authorities of a recognised Training Centre for the provision of a course of higher education or technical training for capable pupils who have satisfactorily completed their elementary education.

7. The Corporation may pay to the National Council for the Blind of Ireland such subsidy as may be approved by the Minister in respect of the services of Home Teachers employed by the said National Council.

8. The Corporation may incur such expenditure in the execution of this Scheme as the Minister may from time to time approve.

9. This Scheme shall come into operation on the 1st January, 1950, and shall with the consent of the Minister continue from that date but may, with like consent, be modified, extended or revoked by the Corporation. Any question, dispute or difference arising in connection with the interpretation of this Scheme shall be determined by the Minister whose decision shall be final.

SCHEDULE

Institutions for the Blind Approved by the Minister	Class of Blind Persons Received
1. St. Mary's Institution for Female Blind, Merrion, County Dublin	Females, also boys up to 7 years of age.
2. St. Joseph's Asylum for Male Blind, Drumcondra, Dublin	Males
3. Richmond National Institution for Industrious Blind, 41, Upper O'Connell Street, Dublin	Males
4. Cork County and City Asylum for the Blind, Infirmary Road, Cork	Males and Females

The number of persons receiving weekly allowances in their own homes from the Corporation during the year was 267, and the disbursements under the heading amounted to £12,151 3s. 7d., 17 applications were received for allowances. Other disbursements amounted to £140 18s. 6d. (examinations, grant to National Council and other expenses). In addition to the above-mentioned, 24 cases were maintained in Institutions by direct grants from the Corporation, viz.: Cork Blind Asylum (9 males and 7 females) ; St. Mary's Merrion (1 Male and 7 Females). The total cost of the maintenance amounting to £12,010 5s. 1d.

The following note is contributed by the Hon. Secretary of the local branch of the National Council for the Blind of Ireland.

Home Teaching for the Blind

Under the National Council for the Blind, this very essential service has been inaugurated in Cork City, to which the Corporation has granted a small annual contribution towards the expenses incurred by employing trained and qualified Home Visitors and Teachers.

The work of the Home Visitor is varied and broad, embracing social as well as mental instruction. She must help the blind to become active members in their homes, teach them to read embossed type, various handicrafts, such as knitting and rugmaking, and to bring an interest and hope into their otherwise hopeless lives.

The Home Visitor can help to prevent blindness in children, who often, through parental ignorance and negligence, or want of interest, lose their sight, which under proper care and supervision can be cured by seeing that they are provided with glasses where necessary and sent for treatment. She also gives her assistance and advice over pension applications, appeals and better accommodation.

Wireless sets are distributed on loan where most required, entertainments organised and free seats at musical shows secured. Voluntary visitors also give their services to read and spend some time talking to the lonely blind, who greatly appreciate these visits. Classes are held weekly for instruction in basket making, chair-caning and other forms of handicraft. The finished articles are presented for sale only if up to standard—no inferior goods labelled “Made by the Blind” are passed for sale. Efficiency is the definite aim. The Home Teacher becomes a real friend of the Blind, who turn to her in all their difficulties, knowing that they will obtain help and encouragement to become as useful and important as their sighted brothers and sisters. Suitable cases are urged to enter institutions for the blind and arrangements made for this purpose. The Home Teacher has office hours daily where any blind or defective sighted person can get in touch with her and make enquiries. Over the Home Visitor is an Executive Council who meet monthly, receive the reports of the Home Visitor, deal with various cases, arrange the financial side of the work and follow closely and with interest the progress which is being made.

The following is a resume of the work done by the Home Visitors of the National Council for the Blind:

Number of Cases on Register on 31st December	502	(490)
Visits paid to Blind	3,129	(2,030)
Visits paid on behalf of the Blind	1,331	(322)
Interviewed at office, City Hall	1,105	(1,120)
Number of Braille readers	20	(19)
Number of Moon readers	5	(6)
Number attending Men's Handicraft Class	15	(15)
Number attending Women's Handicraft Class	7	(7)
Number of Home Workers whose work is of saleable standard	39	(39)
Number given Fuel and Christmas Gifts	98	(97)
Number given Nourishment and Relief	386	(145)
Helped to purchase Furniture and Bedding	6	(6)
Sent to Institutions for the Blind	3	(1)

The figures in brackets relate to the previous year.

Appendix III.

PHYSICAL FEATURES OF THE AREA

The City of Cork is situated on the River Lec, fifteen miles from its mouth in Cork Harbour. On the north bank of the river there is steep rising ground almost prohibiting building development, save in the form of hillside roads and open building of large houses, with the exception of the marked break of the Blackpool valley, very full use of which has been made. Next comes the flat island comprising the centre of the City. This island is almost entirely artificial, and consists of six feet of filled-in material, with ten feet of slob below that and then gravel overlying old red sandstone. Southwards is a gently undulating tract of land about one and a half miles wide enclosed by a range of hills. There is a considerable amount of land liable to flood in the Lee Valley, west of the city, towards Carrigrohane, and the flatness of the islands on which the city is built and the height to which unusual tides ascent being nearly to the crown of the arches of the old bridges, render certain portion of the city itself also liable to flooding.

The geological formation of the city region is simple and clearly marked in its effect on the landscape. There are only two systems visible, both paleozoic rocks, the carboniferous limestone and the older underlying Devonian, representing the old red sandstone. Each of these formations is in two series: the carboniferous in a crystalline limestone and in a dark shale (with some 10 feet slate) ; the Devonian in the upper old red sandstone (yellowish and reddish) and in the lower, old red sandstone (red and purple). The characteristic aspect of the countryside has been caused by the crinkling of these strata into regular parallel folds. Further the limestone which should have formed the ridge of the anticlines has been denuded or dissolved away, so that the highest ground consists of old red sandstone, and even the lower series of this ; the hollow folds, floored by limestone have been subsequently protected from further denudation by a covering of boulder clay. In this immediate region there are thus three old red sandstone ridges and two limestone valleys, in the northern of which the city stands under the brow of the northern sandstone ridge. If this sandstone ridge had possessed its original limestone capping, it would probably have been at least 2,000 feet high.

